

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90077 013 \*\*\*\*61.25

**DOCUMENT # 708427**

1. Entity Name  
**DELTONA CIVIC ASSOCIATION, INC.** ✓

Principal Place of Business      Mailing Address  
**980 LAKE SHORE DRIVE**      **980 LAKE SHORE DRIVE**  
**DELTONA FL 32725-8130**      **DELTONA FL 32725-8130**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-7225328**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent                                |  |  |  | 7. Name and Address of New Registered Agent        |                  |
|--|--|--|--|--|------------------|
| <b>SARICH, ANNE MARIE</b><br><b>896 DEAN CIRCLE</b><br><b>DELTONA FL 32738</b> |  |  |  | Name   |                  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |                  |
|  |  |  |  | City   | FL      Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS |                       |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                     |  |                                   |
|----------------------------|-----------------------|--|--|---|-------------------------------------|--|-----------------------------------|
| TITLE                      | PD                    | <input type="checkbox"/> Delete            |  | TITLE   | PD                                  | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | WILLEY, BARBARA       |  |  | NAME  | MARY HOLLAND                        |  |                                   |
| STREET ADDRESS             | 1407 SECTION LINE TR. |  |  | STREET ADDRESS  | 591 Fairhaven Street                |  |                                   |
| CITY-ST-ZIP                | DELTONA FL 32725      |  |  | CITY-ST-ZIP   | Deltona, 32725                      |  |                                   |
| TITLE                      | VPD                   | <input type="checkbox"/> Delete            |  | TITLE   | VPD                                 | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | HOLLAND, MARY M       |  |  | NAME  | CHARLES DEZARUBA                    |  |                                   |
| STREET ADDRESS             | 591 FAIRHAVEN ST.     |  |  | STREET ADDRESS  | 1759 Ft. Smith Blvd., Deltona, FL   |  |                                   |
| CITY-ST-ZIP                | DELTONA FL 32725      |  |  | CITY-ST-ZIP   |                                     |  |                                   |
| TITLE                      | VP                    | <input checked="" type="checkbox"/> Delete |  | TITLE   | VP                                  | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | DAVIS, ARTHUR L       |  |  | NAME  | Michael Carmolingo                  |  |                                   |
| STREET ADDRESS             | 1534 DUNNLAP DR       |  |  | STREET ADDRESS  | 3126 Shallowford St.                |  |                                   |
| CITY-ST-ZIP                | DELTONA FL            |  |  | CITY-ST-ZIP   | Deltona, FL                         |  |                                   |
| TITLE                      | T                     | <input type="checkbox"/> Delete            |  | TITLE   | T                                   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       | YORKER, AL            |  |  | NAME  | Al Yorker                           |  |                                   |
| STREET ADDRESS             | 1826 PORTVIEW AVE     |  |  | STREET ADDRESS  | 1826 Portview Ave.                  |  |                                   |
| CITY-ST-ZIP                | DELTONA FL            |  |  | CITY-ST-ZIP   | Deltona, FL                         |  |                                   |
| TITLE                      | A                     | <input checked="" type="checkbox"/> Delete |  | TITLE   | A                                   | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | YORKER, AL            |  |  | NAME  | Barbara Willey                      |  |                                   |
| STREET ADDRESS             | 1826 PORTVIEW AVE.    |  |  | STREET ADDRESS  | 1407 Section Line Trail, Deltona FL |  |                                   |
| CITY-ST-ZIP                | DELTONA FL 32738      |  |  | CITY-ST-ZIP   |                                     |  |                                   |
| TITLE                      | D                     | <input type="checkbox"/> Delete            |  | TITLE   | D                                   | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| NAME                       | DEZARUBA, SONIA       |  |  | NAME  | Sonia Dezaruba                      |  |                                   |
| STREET ADDRESS             | 175947 SMITH BLVD     |  |  | STREET ADDRESS  | 1759 Ft. Smith Blvd. Deltona FL     |  |                                   |
| CITY-ST-ZIP                | DELTONA FL 32725      |  |  | CITY-ST-ZIP   |                                     |  |                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mary Holland **SIGNATURE REQUIRED**      7-10-00      407-574-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #