

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0081318

DOCUMENT # 709182

1. Entity Name

FOREST HILLS CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business

1749 HARPON DRIVE
HOLIDAY FL 34690
US

Mailing Address

P.O. BOX 3262
HOLIDAY FL 34690
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1774557

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

BETTS, ERNEST C III
3837 HOLIDAY LAKE DR
HOLIDAY FL 34691

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

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	VP	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, BETTY	
STREET ADDRESS	5611 BAROQUE DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, GEORGE	
STREET ADDRESS	1104 LODESTAR DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TASIN, JOHN	
STREET ADDRESS	5021 CARDIF DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BETTS, III E C	
STREET ADDRESS	3837 HOLIDAY LAKE DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANDT, WILLIAM	
STREET ADDRESS	5317 TAMMY LN	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSBY, JUDITH	
STREET ADDRESS	5253 MOSAIC DR	
CITY-ST-ZIP	HOLIDAY FL 34690	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, GEORGE	
STREET ADDRESS	1104 LODESTAR DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN VIDER	
STREET ADDRESS	1125 FERNWOOD DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE MAJ WILKE	
STREET ADDRESS	5313 BAROQUE DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTS, III ERNEST C	
STREET ADDRESS	3837 HOLIDAY LAKE DR	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TASIN, JOHN	
STREET ADDRESS	5021 CARDIF DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROL, RUSS	
STREET ADDRESS	1305 BRIGHTWELL DR	
CITY-ST-ZIP	HOLIDAY FL 34690	

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: *Ernest C. Betts III* **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

727-924-8239

Daytime Phone #

CR2E037 (10/00)