

2002 UNIFORM BUSINESS REPORT (UBR)

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 ☐ Delete
NAME HOGAN, GEORGE
STREET ADDRESS 1104 LOADESTAR DR.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ~~DO NOT~~ ☐ Change ☒ Addition
NAME BAERENRODT, DOROTHY
STREET ADDRESS 1140 FERNWOOD DR
CITY-ST-ZIP HOLIDAY FL 34690

TITLE P ☒ Delete
NAME VIDER, EVELYN
STREET ADDRESS 1125 FERNWOOD DR.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE P ☐ Change ☒ Addition
NAME BRANDT, WILLIAM
STREET ADDRESS 5317 TAMMY LN
CITY-ST-ZIP HOLIDAY FL 34690

TITLE S ☒ Delete
NAME WILKE, LOUISE MAY
STREET ADDRESS 5313 BAROQUE DR.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE S ☐ Change ☒ Addition
NAME BRANDT, ALICE
STREET ADDRESS 5317 TAMMY LN
CITY-ST-ZIP HOLIDAY FL 34690

TITLE T ☐ Delete
NAME BETTS, ERNEST C III
STREET ADDRESS 3837 HOLIDAY LAKE DR
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D ☐ Change ☒ Addition
NAME CARROL, RUSS
STREET ADDRESS 1305 BRIGHTWELL DR
CITY-ST-ZIP HOLIDAY FL 34690

TITLE D ☒ Delete
NAME BRANDT, WILLIAM
STREET ADDRESS 5317 TAMMY LN
CITY-ST-ZIP HOLIDAY FL 34690

TITLE D ☐ Change ☒ Addition
NAME MCCARTY, ROY
STREET ADDRESS 1851 VILLA ROSA
CITY-ST-ZIP HOLIDAY FL 34690

TITLE D ☒ Delete
NAME CROSBY, JUDITH
STREET ADDRESS 5253 MOSAIC DR
CITY-ST-ZIP HOLIDAY FL 34690

TITLE D ☐ Change ☒ Addition
NAME WELLS, KAY
STREET ADDRESS 5253 FOREST HILLS 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* RECORDED C. BETTS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

429705

CR2E037 (9/01)

727-943-8239