

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90107 001 ****61.25

DOCUMENT # 709647

1. Entity Name

NORTH EAU GALLIE CIVIC ASSOCIATION, INC.

Principal Place of Business

**4350 SHERWOOD BLVD
 MELBOURNE FL 32935**

Mailing Address

**4350 SHERWOOD BLVD
 MELBOURNE FL 32935**

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 **59-6168973**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTLER, RICHARD
 4350 SHERWOOD BLVD
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

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

TITLE **S** ☐ Delete
 NAME **OLSON, JIM**
 STREET ADDRESS **4417 MAXWELL DR**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ Delete
 NAME **SMITH, ELWOOD**
 STREET ADDRESS **4151 ROBIN HOOD DR**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ Delete
 NAME **WALKER, HENRY**
 STREET ADDRESS **2285 ALLAN ADALE RD**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ Delete
 NAME **WEISSMAN, ELI**
 STREET ADDRESS **2390 KING RICHARD RD**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **I** ☐ Delete
 NAME **BUTLER, RICHARD**
 STREET ADDRESS **4350 SHERWOOD BLVD**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **P** ☐ Delete
 NAME **TOLLE, WILLIAM**
 STREET ADDRESS **2388 ALLAN ADALE RD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **P JOSEPH M SMITH**
 STREET ADDRESS **4317 SHERWOOD BL**
 CITY-ST-ZIP **MELBOURNE FL 32935**

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:

Richard J. Butler

03/13/02

321 242 4513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)