

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90052 041 ****70.00

DOCUMENT # 711572

1. Entity Name

ODESSA CIVIC CLUB, INC.

Principal Place of Business

**1627 CHESAPEAKE DRIVE
ODESSA FL 33556**

Mailing Address

**P.O. BOX 143
ODESSA FL 33556**

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

59-6175939☒ 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

**JASINSKI, CARL E
14423 SASSANDRA DRIVE
P.O. BOX 288
ODESSA FL 33556-0288**

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

*Carl E Jasinski**4/24/01*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	TD			
	JASINSKI, CARL E	14423 SASSANDRA DRIVE	ODESSA FL 33556-0288	
	D			
	BRADFORD, ELENOR	14924 OGDEN LOOP	ODESSA FL 33556	
	D			
	MOORE, CHARLES, C	13924 FRIENDSHIP LANE	ODESSA FL	
	PD			
	DOZIER, JOYCE	1118 ALTAMONT LANE	ODESSA FL	
	D			
	WILLIAMSON, STEVE	1134 ALTAMAN LANE	ODESSA FL 33556	
	VD			
	JASINSKI, GLORIA	14423 SASSANDRA DR	ODESSA FL 33556	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carl E Jasinski *4/24/01* *813 920 5703*

CR2E037 (10/00)