

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713595

1. Entity Name

ORANGE SPRINGS CIVIC CLUB, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90201 049 ****61.25

Principal Place of Business 64 SPRING ST PO BOX 115 ORANGE SPRINGS FL 32182	Mailing Address P.O. BOX 115 64 SPRING STREET ORANGE SPRINGS FL 32182-0115 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 23-7348188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MURRAY, ANN
64 SPRING ST.
P.O. BOX 115
ORANGE SPRINGS FL 32182

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 **X** **ANN MURRAY** **Jan. 11, 2000**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANNUM, AUDRY 64 SPRING STREET ORANGE SPRINGS FL 32182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHANNON, MARY 64 SPRING STREET ORANGE SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT FRAME, MARGARET N. 64 SPRING ST ORANGE SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HEBB, CHERYL 64 SPRING STREET ORANGE SPRINGS FL 32182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, ANN 64 PRING STREET ORANGE SPRINGS FL 32182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAME, DAVID 64 SPRING ST ORANGE SPRINGS FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCIS RAMSEY 64 SPRING STREET ORANGE SPRINGS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT DAVID HANNUM 64 SPRING STREET ORANGE SPRINGS, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio

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 **X** **ANN MURRAY, PRESIDENT** **(532) 546-4137**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #