

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

Mailing Address

64 SPRING ST
PO BOX 115
ORANGE SPRINGS FL 32182

P.O. BOX 115
64 SPRING STREET
ORANGE SPRINGS FL 32182-0115
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

23-7348188

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

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

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

ANN MURRAY

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.

☐

\$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
ST
HANNUM, AUDRY
64 SPRING STREET
ORANGE SPRINGS FL 32182 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SHANNON, MARY
64 SPRING STREET
ORANGE SPRINGS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FRANCIS RAMSEY
64 SPRING STREET
ORANGE SPRINGS, FL ☒ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
FRAME, MARGARET N.
64 SPRING ST
ORANGE SPRINGS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
DAVID HANNUM
64 SPRING STREET
ORANGE SPRINGS, FL ☒ Change ☐ Addit

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
HEBB, CHERYL
64 SPRING STREET
ORANGE SPRINGS FL 32182 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MURRAY, ANN
64 PRING STREET
ORANGE SPRINGS FL 32182 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRAME, DAVID
64 SPRING ST
ORANGE SPRINGS FL ☐ Delete

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

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

ANN MURRAY

ANN MURRAY, PRESIDENT

(532) 546-4137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #