

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-20-2002 90144 006 ****61.25

DOCUMENT # 713595

1. Entity Name

ORANGE SPRINGS CIVIC CLUB, INC.

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32182

Marion

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 **Patt Patton**

Street Address (P.O. Box Number is Not Acceptable)

PO Box 115

City **Orange Springs, FL 32182-0115** 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 **Patt Patton**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 20, 2002

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	ST	<input type="checkbox"/> Delete
NAME	HANNUM, AUDRY	
STREET ADDRESS	64 SPRING STREET	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAINES, JEFFRY S	
STREET ADDRESS	64 SPRING ST, P.O. BOX 115	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	HANNUM, DAVID	
STREET ADDRESS	64 SPRING ST	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURRAY, ANN	
STREET ADDRESS	64 SPRING STREET	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAME, DAVID	
STREET ADDRESS	64 SPRING ST	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patt Patton	
STREET ADDRESS	64 Spring Street / PO BOX 115	
CITY-ST-ZIP	Orange Springs, FL 32182	
TITLE	VP Lynn Wade	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	64 Spring Street	
CITY-ST-ZIP	Orange Springs, FL 32182	
TITLE	Treasurer T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Baltzagler	
STREET ADDRESS	64 Spring St / PO Box 115	
CITY-ST-ZIP	Orange Springs, FL 32182	
TITLE	Secretary T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Dobbins	
STREET ADDRESS	64 Spring St	
CITY-ST-ZIP	Orange Springs, FL 32182	
TITLE	Director D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Murrar	
STREET ADDRESS	64 Spring St	
CITY-ST-ZIP	Orange Springs, FL 3218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CP2E037 (9/01)

(352)

Jan 20, 2002 546-5379