

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-10-2002 90007 045 ****61.25

DOCUMENT # 715699

1. Entity Name

THE SPRING HILL CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business

1202 KENLAKE AVENUE
P.O. BOX 3092
SPRING HILL FL 34611-3092

Mailing Address

1202 KENLAKE AVENUE
P.O. BOX 3092
SPRING HILL FL 34611-3092

18212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6223785**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

VAPOREAN, MARY
11335 CORRIGAN STREET
SPRING HILL FL 34609

Name **Erin Milam**
Street Address (P.O. Box Number is Not Acceptable)
6162 Ashland Drive
Spring Hill
City **FL** Zip Code **34606**

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

ERIN MILAM

1-17-02

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 **P** ☒ Delete
NAME **FAGAN, BILL**
STREET ADDRESS **5065 KEYSVILLE**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **D** ☐ Change ☒ Addition
NAME **Richard Keller**
STREET ADDRESS **1463 Bolger Ave.**
CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **TD** ☒ Delete
NAME **VAPOREAN, MARY**
STREET ADDRESS **11335 CORRIGAN ST**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Erin Milam**
STREET ADDRESS **6162 Ashland Dr.**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **V** ☒ Delete
NAME **DROBINA, GEORGE**
STREET ADDRESS **2480 STANTON AVE**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **D** ☐ Change ☒ Addition
NAME **Ki Hill**
STREET ADDRESS **8021 Spring Hill Drive**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **SD** ☒ Delete
NAME **WHITE, THERESE**
STREET ADDRESS **2451 APPIAN WAY**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Recording Secretary**
STREET ADDRESS **3066 Waterfall Dr.**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **SD** ☒ Delete
NAME **BOUMA, GRACE**
STREET ADDRESS **6506 MAYHILL CT**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Assistant Treasurer**
STREET ADDRESS **3066 Waterfall Dr.**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **VD** ☒ Delete
NAME **MCLAUGHLIN, JAMES J**
STREET ADDRESS **9342 MALLARD ST**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Second Vice President**
STREET ADDRESS **214 Rust Circle**
CITY-ST-ZIP **Spring Hill, FL 34606**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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:

ERIN MILAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/17/02 727-786-8070

CR2E037 (9/01)