

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718818

1. Entity Name

HOLIDAY GARDENS CIVIC ASSOCIATION, INC.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90195 048 ****61.25

Principal Place of Business

5152 VICTORIA LANE
HOLIDAY FL 34690
US

Mailing Address

5152 VICTORIA LANE
HOLIDAY FL 34690
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

59-2875204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANDT, ALICE
5317 TAMMY LANE
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name BEA CARLSON

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

5131 VICTORIA LN.

City

HOLIDAY FL.

FL

Zip Code

34690

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 Beatrice Carlson Pres BEATRICE CARLSON 3/7/2002

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

TITLE PRESIDENT ☐ Delete
NAME CARLSON, BEA
STREET ADDRESS 5131 VICTORIA LN
CITY-ST-ZIP HOLIDAY FL 34690

TITLE SECRETARY ☒ Delete
NAME POTTER, CATHERINE
STREET ADDRESS 5039 JANICE LANE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE SECRETARY ☒ Delete
NAME TAYLOR, RICK
STREET ADDRESS 5152 VICTORIA LANE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE SECRETARY ☒ Delete
NAME BRANDT, ALICE
STREET ADDRESS 5317 TAMMY LANE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE SECRETARY ☐ Delete
NAME CHAMBO, NORMAN
STREET ADDRESS 5138 VICTORIA LANE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE SECRETARY ☒ Delete
NAME NADEALE, PATRICIA
STREET ADDRESS 2222 PRESTIGE DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☒ Change ☐ Addition
NAME Mr. James L. Coleman
STREET ADDRESS 5034 Victoria Ln.
CITY-ST-ZIP Holiday, FL 34690

TITLE V. PRES ☒ Change ☐ Addition
NAME WANDA BARNETT
STREET ADDRESS 2103 PEEF DR
CITY-ST-ZIP HOLIDAY FL 34690

TITLE SECRETARY ☒ Change ☐ Addition
NAME LUCILLE M. COLEMAN
STREET ADDRESS 5034 VICTORIA LN.
CITY-ST-ZIP HOLIDAY FL 34690

TITLE SECRETARY ☐ Change ☐ Addition
NAME CHAMBO, NORMAN
STREET ADDRESS 5138 VICTORIA LANE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE SECRETARY ☐ Change ☐ Addition
NAME CHAMBO, NORMAN
STREET ADDRESS 5138 VICTORIA LANE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE DIRECTOR ☒ Change ☐ Addition
NAME CHRISTINE ECKLAR
STREET ADDRESS 5119 MITZ DN.
CITY-ST-ZIP HOLIDAY FL 34690

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: James L. Coleman 227-937-6069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)