

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719158

1. Entity Name

THE INVERNESS HIGHLANDS SOUTH AND WEST CIVIC ASS

Principal Place of Business

4375 S. LITTLE AL POINT  
P O BOX 1261  
INVERNESS FL 34451-1261  
US

Mailing Address

4375 S. LITTLE AL POINT  
P O BOX 1261  
INVERNESS FL 34451-1261  
US

2. Principal Place of Business

4375

3. Mailing Address

P.O. Box 1261

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inverness FL.

City & State

Inverness FL.

Zip

34451

Country

Citrus

Zip

34451

Country

Citrus

4. FEI Number

59-6556811

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRAND, CARL W  
314 QUAIL ROOST DR  
INVERNESS FL 34453

Delete

7. Name and Address of New Registered Agent

Name: KARL - H. HANSEN Tel. 352-344-9641  
Street Address: 6151 E. TREMONT ST.  
City: INVERNESS FL, Zip Code: 34452

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: Karl-H. Hansen President 1/11/001

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 NAME STREET ADDRESS CITY - ST - ZIP	T HIMPELE, FRANCES 6262 E MALVERNE ST INVERNESS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT KRONELS, MURIEL 4661 SILVERFOX TERR INVERNESS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRAND, CARL W 314 QUAIL ROOST DR INVERNESS FL 34453	<input checked="" type="checkbox"/> Delete Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORCORAN, GERALD 5195 E PRENTICE LANE INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ist Vice President Mr. Lee Cloward 5189 Robert Blake Inverness FL Ave	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Joy Forglone 6036 E. Tremont St. Inverness FL. (Treasurer) 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED Karl-H. Hansen 1/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-344-9641

FILED  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90036 019 \*\*\*\*61.25

00007332



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)