

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720856

1. Entity Name

WESTWOOD CIVIC ASSOCIATION, INC.

Principal Place of Business

C/O ROBERT C. GETZ  
4209 WESTWOOD DR.  
HOLIDAY FL 34691-1759

Mailing Address

C/O ROBERT C. GETZ  
4209 WESTWOOD DR.  
HOLIDAY FL 34691-1755

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

NOT APPLICABLE

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

GETZ, CHARLOTTE  
4209 WESTWOOD DR.  
HOLIDAY FL 34691

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

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 D ☐ Delete  
NAME ZEIDLER, MARGARET  
STREET ADDRESS 3204 HAVER LN.  
CITY-ST-ZIP HOLIDAY FL 34691

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

TITLE D ☐ Delete  
NAME HEINZE, HELEN  
STREET ADDRESS 4220 WESTWOOD DRIVE  
CITY-ST-ZIP HOLIDAY, FL 00000

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

TITLE D ☐ Delete  
NAME OCHAP, ELSIE  
STREET ADDRESS 4203 WESTWOOD DR  
CITY-ST-ZIP HOLIDAY FL 34691

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

TITLE S ☐ Delete  
NAME GRAVES, THELMA  
STREET ADDRESS 4213 CANTERBERRY DR  
CITY-ST-ZIP HOLIDAY FL

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

TITLE V ☐ Delete  
NAME IAMS, THOMAS  
STREET ADDRESS 4136 WESTWOOD DR  
CITY-ST-ZIP HOLIDAY FL

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

TITLE P ☐ Delete  
NAME GETZ, ROBERT  
STREET ADDRESS 4209 WESTWOOD DR.  
CITY-ST-ZIP HOLIDAY FL

TITLE ☐ Change ☐ 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:

Robert C. Getz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00 727-847-8143

Date Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE