

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721860

1. Entity Name

DOVER CIVIC CLUB, INC.

R

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90005 032 \*\*\*\*61.25

Principal Place of Business

2820 GALLAGHER RD.  
P.O. BOX 702  
DOVER FL 33527

Mailing Address

PO BOX 702  
DOVER FL 33527  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1914137

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

MCCLELLAND  
4013 GALLAGHER RD.  
DOVER FL 33527

Rcece McClelland

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**

**After September 13, 2000 min. will be \$236.25**

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 MCCLELLAND, REESE  
STREET ADDRESS 4013 GALLAGHER ROAD  
CITY-ST-ZIP DOVER FL 33527

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

TITLE D ☐ Delete  
NAME TILLMAN, BEN  
STREET ADDRESS 2806 DAD WELDON RD.  
CITY-ST-ZIP DOVER FL 33527

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

TITLE V ☐ Delete  
NAME MAXWELL, DONNIE  
STREET ADDRESS 13822 HAYNES RD.  
CITY-ST-ZIP DOVER FL 33527

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

TITLE S ☐ Delete  
NAME TILLMAN, SHARON  
STREET ADDRESS 2806 DAD WELDON ROAD  
CITY-ST-ZIP DOVER FL 33527

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

TITLE T ☐ Delete  
NAME MEEK, BETTY  
STREET ADDRESS 3515 MCINTOSH RD  
CITY-ST-ZIP DOVER FL 33527

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

TITLE D ☐ Delete  
NAME GERTZ, DALE  
STREET ADDRESS 4010 N. GALLAGHER RD.  
CITY-ST-ZIP DOVER FL 33527

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: BETTY MEEK TURE *Betty Meek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG. 28, 2000

813 719 3095

Date

Daytime Phone #

CR2E037 (5/00)