

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723410

1. Entity Name

MISSION VALLEY CIVIC ASSOCIATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90101 048 ****61.25

Principal Place of Business

Mailing Address

P O BOX 97
 LAUREL FL 34292

P O BOX 97
 LAUREL FL 34272-0097

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

DRAKE, J. KEVIN, ESQ.
 1343 MAIN STREET, SUITE 204
 SARASOTA FL 33236

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 ☐ Delete
 NAME VD
 STREET ADDRESS STULGIS, BILL
 CITY-ST-ZIP 1401 EWING ST
 NOKOMIS FL

TITLE ☐ Change ☒ Addition
 NAME President
 STREET ADDRESS Alan Maio
 CITY-ST-ZIP 1245 Hanoverman CIR
 NOKOMIS, FL 34275

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS VOLMERING, ROBERT N
 CITY-ST-ZIP 760 SUFFOLK CIR
 NOKOMIS FL

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

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS VEDRAL, PAT
 CITY-ST-ZIP 2141 MISSION VALLEY RD
 NOKOMIS FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS STEVENS, JAMES
 CITY-ST-ZIP 1697 MACINTOSH BLVE
 NOKOMIS FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BENSON, ERIC
 CITY-ST-ZIP 1131 E WING
 NOKOMIS FL

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

TITLE ☐ Delete
 NAME P
 STREET ADDRESS VEDRAL, JOHN
 CITY-ST-ZIP 2141 MISSION VALLEY BLVD
 NOKOMIS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)