

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90026 010 ****61.25

DOCUMENT # 723410

1. Entity Name

MISSION VALLEY CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 97
LAUREL FL 34292P O BOX 97
LAUREL FL 34292

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 ☐ Delete
NAME **VD**
STREET ADDRESS **STULGIS, BILL**
CITY-ST-ZIP **1401 EWING ST**
NOKOMIS FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD**
STREET ADDRESS **VOLMERING, ROBERT N**
CITY-ST-ZIP **760 SUFFOLK CIR**
NOKOMIS FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **VEDRAL, PAT**
CITY-ST-ZIP **2141 MISSION VALLEY RD**
NOKOMIS FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **STEVENS, JAMES**
CITY-ST-ZIP **1697 MACINTOSH BLVE**
NOKOMIS FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **P**
STREET ADDRESS **MALO, ALAN**
CITY-ST-ZIP **P O BOX 394**
LAUREL FL 34272TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **P**
STREET ADDRESS **VEDRAL, JOHN**
CITY-ST-ZIP **2141 MISSION VALLEY BLVD**
NOKOMIS FLTITLE ☐ 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: Robert N Volmering 8/12/02 941-923-1211

CR2E037 (4/02)