

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90076 013 ****61.25

DOCUMENT # 723862

1. Entity Name

CIVITAN CLUB OF SOUTHBORO, FLORIDA, INC

Principal Place of Business

Mailing Address

**3200 SUMMIT BLVD
P O BOX 18892**

WEST PALM BEACH FL 33416-5892

**3200 SUMMIT BLVD
P O BOX 18892**

WEST PALM BEACH FL 33416-5892

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1412347

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

**HOUGHTALING, JUNE
4584 24TH PLACE SOUTH
WEST PALM BEACH FL 33415**

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 **TD**
STREET ADDRESS **HOUGHTALING, JUNE**
CITY-ST-ZIP **4584 24TH PL S.
WEST PALM BCH FL**

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

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **ROBERTA, LIMA**
CITY-ST-ZIP **3348 SIERRA DR.
LAKE WORTH FL 33461**

☒ Change ☐ Addition
TITLE
NAME **June Houghtaling**
STREET ADDRESS **4584 24th Place S.**
CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DUNN, RICHARD**
CITY-ST-ZIP **1847 BARTLETT CT.
LAKE CLARKE SHORES FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RENEAU, JAMES**
CITY-ST-ZIP **295 W. SHADYSIDE CIR.
WEST PALM BCH FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LARANGE, DIANE**
CITY-ST-ZIP **1835 WOODHAVEN DRIVE
WEST PALM BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: **June Houghtaling**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 561-963-8501
Date Daytime Phone #

CR2E037 (9/01)