

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

0010403

DOCUMENT # 724501

1. Entity Name

LAKE BRYANT SHORES CIVIC ASSOCIATION, INC.

03-20-2001 90020 038 ****61.25

Principal Place of Business RT. 1. BOX 1245 OKLAWAHA FL 32179-9730	Mailing Address RT. 1. BOX 1245 OKLAWAHA FL 32179-9730
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HYTE, DAVID H
17372 SE 37TH AVE
OCKLAWAHA FL 32179

7. Name and Address of New Registered Agent

Name WALLACE A. JOLLY
Street Address (P.O. Box Number is Not Acceptable) 17334 SE 34th LN.
City OCKLAWAHA
State FL
Zip Code 32179

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 *Wallace A. Jolly*

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

(NOTE: Registered Agent signature required when reinstating)

3/16/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, MAC 17440 SE 34TH LANE OKLAWAHA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYTE, DAVID H 17372 SE 37TH LANE OCKLAWAHA FL 32179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOPPER, ELIEN 17400 SE 35TH LANE OCKLAWAHA FL 32179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDELTON, ERNIE 3620 SE 174TH CT OKLAWAHA FL 32179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDENER, JAMES V 17855 SE 51ST STREET OKLAWAHA FL 32179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYTE, PENNY 17372 SE 34TH LANE OCKLAWAHA FL 32179	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE A. JOLLY 17334 SE 34TH LN OCKLAWAHA, FL 32179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARY JANE JOLLY 17334 SE 34TH LN OCKLAWAHA, FL 32179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRY HALL 17360 SE 37TH LN OCKLAWAHA, FL 32179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wallace A. Jolly* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

DATE

352-625-5446

DAYTIME PHONE #

CR2E037 (10/00)