

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90135 018 \*\*\*\*61.25

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**DOCUMENT # 728365**

1. Entity Name

**GULF HIGHLANDS CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**7831 GULF HIGHLANDS DRIVE  
PORT RICHEY FL 34668****7831 GULF HIGHLANDS DRIVE  
PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1830092**

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

**RIZZO, ELEANOR  
11539 MEREDITH LANE  
PORT RICHEY FL 34668**

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 **VP** ☒ Delete  
NAME **ARCURI, CHERYL**  
STREET ADDRESS **11641 IBIS WAYH**  
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE **VP.** ☒ Change ☐ Addition  
NAME **HARRY CONLEY**  
STREET ADDRESS **7735 GASTON DR**  
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE **2VP** ☐ Delete  
NAME **DRURY, SKIP**  
STREET ADDRESS **11733 NEWELL D**  
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **WILKINS, JUDITH**  
STREET ADDRESS **7207 ASHWOOD DR**  
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☒ Delete  
NAME **FAY, EILEEN**  
STREET ADDRESS **7341 ABALONE DR**  
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE **T** ☒ Change ☐ Addition  
NAME **BARBARA MEAD**  
STREET ADDRESS **7634 TOPAY LN**  
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE **D** ☒ Delete  
NAME **CONLEY, HARRY**  
STREET ADDRESS **7735 GASTON DR**  
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE **D** ☒ Change ☐ Addition  
NAME **JAMES BOYD**  
STREET ADDRESS **7719 SALT LN.**  
CITY-ST-ZIP **PORT RICHEY, FLA.**TITLE **D** ☐ Delete  
NAME **VICICH, JERRY**  
STREET ADDRESS **7107 ASHWOOD**  
CITY-ST-ZIP **PORT RICHEY FL 34668**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:

**ELEANOR RIZZO (ELEANOR RIZZO) 3/18/02 (727) 869-1490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)