

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729180

1. Entity Name

SPRING LAKE VILLAGE CIVIC ASSOCIATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90377 012 ****61.25

Principal Place of Business

Mailing Address

C/O JOANN R. HARPER
P.O. BOX 1963
KEYSTONE HEIGHTS FL 32656-9901

C/O JOANN R. HARPER
P.O. BOX 1963
KEYSTONE HEIGHTS FL 32656-1963

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

59-3132371

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

HARPER, JOANN R.
6780 SPRING LAKE VILLAGE ROAD
KEYSTONE HTS. FL 32656

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

Joann R. Harper

Joann R. Harper

4-21-2000

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 PD ☒ Delete
NAME HUSTON, SCOTT T
STREET ADDRESS 6733 SPRING LAKE VILLAGE ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS FL

TITLE PD ☒ Change ☐ Addition
NAME Jerry W. Riffe
STREET ADDRESS 6719 Spring Lake Village Rd.
CITY-ST-ZIP Keystone Heights, FL

TITLE TSD ☐ Delete
NAME HARPER, JOANN R.
STREET ADDRESS 6780 SPRING LAKE VILLAGE
CITY-ST-ZIP KEYSTONE HEIGHTS FL

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

TITLE V ☐ Delete
NAME ISBELL, RONALD J
STREET ADDRESS 6785 SPRING LAKE VILLAGE ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS FL

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

TITLE D ☐ Delete
NAME HUSTON, LORA T.
STREET ADDRESS 8041 STATE ROAD 100
CITY-ST-ZIP LAKE GENEVA FL

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

TITLE D ☐ Delete
NAME HARRELSON, RODNEY C
STREET ADDRESS 6700 SPRING LAKE VILLAGE ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joann R. Harper 4-21-2000 904-964-3055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)