

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729180

1. Entity Name

SPRING LAKE VILLAGE CIVIC ASSOCIATION, INC.

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90148 019 \*\*\*\*61.25

Principal Place of Business

C/O JOANN R. HARPER  
P.O. BOX 1963  
KEYSTONE HEIGHTS FL 32656-9801

Mailing Address

C/O JOANN R. HARPER  
P.O. BOX 1963  
KEYSTONE HEIGHTS FL 32656-9801

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

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

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME RIFFE, JERRY W  
STREET ADDRESS 6719 SPRING LAKE VILLAGE RD.  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

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

TITLE V ☐ Delete  
NAME ISBELL, RONALD J  
STREET ADDRESS 6765 SPRING LAKE VILLAGE ROAD  
CITY-ST-ZIP KEYSTONE HEIGHTS FL

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-2001 352-473-1225

CR2E037 (10/00)