

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729180

1. Entity Name

SPRING LAKE VILLAGE CIVIC ASSOCIATION, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90122 013 ****61.25

Principal Place of Business

Mailing Address

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE PD
NAME James Alexandria Harper
STREET ADDRESS 6780 Spring Lake Village Rd
CITY-ST-ZIP Keystone Hts., FL 32656 ☒ Change ☐ Addition

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

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

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

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

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

TITLE D
NAME Paul H. Austin, Sr.
STREET ADDRESS 6764 Spring Lake Village Rd
CITY-ST-ZIP Keystone Hts., FL 32656 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 #

4-22-02 352-473-9005

CR2E037 (9/01)