

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 729180**

1. Entity Name

**SPRING LAKE VILLAGE CIVIC ASSOCIATION, INC.**

79

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3132371**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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	<input type="checkbox"/> Delete
NAME	RIFFE, JERRY W	<b>XX</b>
STREET ADDRESS	6719 SPRING LAKE VILLAGE RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	HARPER, JOANN R.	
STREET ADDRESS	6780 SPRING LAKE VILLAGE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ISBELL, RONALD J	
STREET ADDRESS	6765 SPRING LAKE VILLAGE ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUSTON, LORA T.	
STREET ADDRESS	8041 STATE ROAD 100	
CITY-ST-ZIP	LAKE GENEVA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELSON, RODNEY C	
STREET ADDRESS	6700 SPRING LAKE VILLAGE ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Alexandria Harper	
STREET ADDRESS	6780 Spring Lake Village Rd	
CITY-ST-ZIP	Keystone Hts., FL 32656	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul H. Austin, Sr.	
STREET ADDRESS	6764 Spring Lake Village Rd	
CITY-ST-ZIP	Keystone Hts., FL 32656	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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* **JOANN R. HARPER** 4-22-02 352-473-9005  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #