

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729333

1. Entity Name

THE CIVIC ASSOCIATION OF IMPERIAL HARBOR, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90073 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 868  
 BONITA SPRINGS FL 33923

P.O. BOX 366064  
 BONITA SPRINGS FL 34136-6064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7437268

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

RINGS, NORMAN  
 26220 IMPERIAL HARBOR BLVD.  
 BONITA SPRINGS FL 34136

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

*Mary Williams Sec.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/25/00*

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	RINGS, NORM	
STREET ADDRESS	26220 IMPERIAL HARBOR BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HASCO, LARRY	
STREET ADDRESS	26249 QUEEN MARY LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PICKRUM, LEE	
STREET ADDRESS	9293 BARON RD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	T	<input type="checkbox"/> Delete
NAME	JUSTUS, PETER	
STREET ADDRESS	26220 DUCHESS LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	MABIN, RICHARD	
STREET ADDRESS	2624 DUCHESS LANE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RINGS, NORMAN	
STREET ADDRESS	26220 IMPERIAL HARBOR BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, CAROLYN	
STREET ADDRESS	26201 Colony Rd	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	LEITER, WAYNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEITER, WAYNE	
STREET ADDRESS	26074 Princess Ln	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	WILLIAMS, MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MARY	
STREET ADDRESS	26200 Colony Rd.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUSTUS, PETER	
STREET ADDRESS	26220 Duchess Lane	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Main, Richard	
STREET ADDRESS	26262 Duchess Lane	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGS, NORMAN	
STREET ADDRESS	26220 Imperial Harbor Blvd.	
CITY-ST-ZIP	Bonita Springs, FL 34135	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MARY Williams*  
*Mary Williams (941) 498-1688*

Date

Daytime Phone #

CR2E037 (9/99)