

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730491

1. Entity Name

LAVILLA GARDENS SOCIAL & CIVIC ASSOCIATION, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90038 024 ****61.25

Principal Place of Business

5730 ELENA DR.
HOLIDAY FL 34690-9329

Mailing Address

5730 ELENA DR
HOLIDAY FL 34690-9329

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

59-1963906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADORNI, ROBERT
5743 ELENA DR
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name: *Betty A. Adorni*
Street Address (P.O. Box Number is Not Acceptable): *5743 ELENA DR*
City: *Holiday FL* FL Zip Code: *34690*

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
After September 13, 2000 min. will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	HANNON, PAUL	
STREET ADDRESS	5611 CUNOSA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARNER, WINIFRED	
STREET ADDRESS	5624 ELENA DR.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, TERRY	
STREET ADDRESS	5642 CANOSA DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, ROBERTA	
STREET ADDRESS	5648 CANOSA DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAPLE, WILLIAM	
STREET ADDRESS	5930 ELKHORN BLVD.	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINKLER, MARIA	
STREET ADDRESS	3101 SHADOW OAKS DR	
CITY-ST-ZIP	HOLIDAY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Betty Adorni
5743 ELENA DR
HOLIDAY FL 34690

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:

Winifred Warner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)