

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90125 032 ****70.00

DOCUMENT # 730491

1. Entity Name

LAVILLA GARDENS SOCIAL & CIVIC ASSOCIATION, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

FISCHER, ANDREA E
5706 ELKHORN
HOLIDAY FL 34690

Name

William H. Burr

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

5801 ELENA DRIVE

City

Holiday

FL

Zip Code

34690

7. Name and Address of New Registered Agent

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

William H. Burr William H. Burr 1/10/2002

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	T	<input checked="" type="checkbox"/> Delete
NAME	BROMLEY, DONNA	
STREET ADDRESS	5850 DELLA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WELLM, LILLIAN	
STREET ADDRESS	5861 BERKFORD DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUBER, KARL	
STREET ADDRESS	3053 CORONA DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change
NAME	Korn	
STREET ADDRESS	HENDERSON, ROBERTA	
CITY-ST-ZIP	5848 CANOSA DR 5643	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURR, BILL	
STREET ADDRESS	ELENA	
CITY-ST-ZIP	HOLIDAY FL 34690	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Elaine	
STREET ADDRESS	3402 Bahia Ave	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez Fran	
STREET ADDRESS	5608 Festivo Dr.	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eagan, Katy	
STREET ADDRESS	5809 Elena Dr.	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harayda, Delores	
STREET ADDRESS	3226 Bahia Ave	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fischer, Andrea	
STREET ADDRESS	5706 Elkhorn	
CITY-ST-ZIP	Holiday, FL 34690	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erickson, Viola	
STREET ADDRESS	P.O. Box 112	
CITY-ST-ZIP	Elfers, FL 34680	

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:

William H. Burr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-848-
1/10/2002 5937

CR2E037 (9/01)