## -2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 730538**

1. Entity Name



FILED Aug 04, 2000 8:00 am Secretary of State 08-04-2000 90006 001 \*\*\*\*70.00

SUNNY	HILLS	CIVIC	ANU	IMPHUVEMENT	ASSOCIATION,	

Principal Place of Business

Mailing Address

P.O. BOX 423 WAUSAU FL 32463

SIGNATURE:

P.O. BOX 423 WAUSAU FL 32463

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	Place of Business	3. Mailing Address	111					
	Columbia blud	Hoos Columb	na blud		DO NOT WOITE IN	TI 110 004 01"		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE		
City & Stat	<b>r</b>	City & State	<u> </u>	4. FEI Num	ber FO OCCTORO	Αp	plied For	
CHIP			<b>トレ</b>		59-2667038		t Applicable	
Zip 3247	28 WASHINGTON	32428	WASHINGT	5. Certifica	te of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent		7. Name ar	d Address of New Registe	red Agent		
			Name	GLEN ZA	NETIC			
MONGOV	EN, WILLIAM J		Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
	TH FIFTH STREET		1.7	14 Quis	taka cr			
CHIPLEY	FLORIDA FL 32428							
			City C	HIPLEY		FL Zip Code	<b>28</b>	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or	registered agent, or b	oth, in the state of Florida.			
		1	1					
	Corns Zansena	PRESIDENT	M.	Zant	) -127	lac	}	
SIGNATURE .	GLEN ZANETIC Signature, typed or printed name of registered agent a		E. Registered Ment signatur	re required when reinstating)	1100	ATE	<del></del>	
	- SU: - W	, , , , , , , , , , , , , , , , , , ,						
	FILE NOW: FEE IS \$61.25	9. Election Cam	paign Financing	¢E 00 14	Make Che	7 27 00 OATE		
	ember 13, 2000 min. will be \$23			\$5.00 May Be Added to Fees		nent of State		
rate, cop.	-			,				
10.	OFFICERS AND DIR	<del></del>	11.		HANGES TO OFFICERS AN		10	
TITLE	P	🔀 Delete	TITLE	PRESIDENT	ETIC	Change	Addition	
NAME :	WASILEWSKI, HENRY K		NAME	GLEN ZAN	-SDACT			
STREET ADDRESS CITY-ST-ZIP	4114 CAMBRIDGE DR.		STREET ADDRESS CITY-ST-ZIP	רטועט מודן	E 221128			
<del></del>	CHIPLEY FL 32428			CHIPLEY,	FL 32428	Change	Addition .	
TITLE NAME	ZANETIC, GLEN	🔀 Delete	TITLE NAME	DAUDALL	WEEKLEY	change	Audition	
STREET ADDRESS	1714 QUINTARA CT.	<b></b>	STREET ADDRESS	2910 KI	LLIMN PL			
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	CHIPLEY.	FL 32428			
TITLE	ST	☐ Delete	TITLE	TREASURE	R	☐ Change	Addition	
NAME	NORRIS, JANE		NAME	SUELLY E	ULERI		{	
STREET ADDRESS	3866 MERGER DR.		STREET ADDRESS	305 JENSE	D PL			
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	CHIALEY, F	L 32428			
TITLE	D PARIDON ROPERT	. Delete	TITLE	Dan Cook	,	☐ Change	Addition	
NAME STREET ADDRESS	PARIDON, ROBERT 2071 ECHO CT.		NAME Street address	3897 COU	NTRY CLUB BL	VD		
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	CHIPLEY	, FL 32428			
TITLE	D	Delete	TITLE	TANWIGA	MIERZWA	Change	Addition	
NAME	SWITZER, EVERT	Mai nelete	NAME	3948 0 151				
STREET ADDRESS	3915 COUNTRY CLUB BLVD.		STREET ADDRESS				Ì	
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP	CHIPLEY	1. FL 32428			
TITLE	T	Delete	TITLE	<b>9</b> ~-	O	☐ Change	Addition	
NAME	TROMBLEY, BETTY		NAME	POLLY PAY	TEK			
STREET ADDRESS	4331 HWY 77		STREET ADDRESS	1534 ALDO	ORO DK			
CITY-ST-ZIP	CHIPLEY FL 32428		CITY-ST-ZIP		Fu 32428			
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that r	r the exemption state ny signature shall ha	ed in Section 119.07(3 we the same legal effe	<ul><li>i)(i), Florida Statutes. I furthe ect as if made under oath; the</li></ul>	r certify that the in lat I am an officer	or director	

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment

QOOH :730538 AOO71400

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D ADD	•
GEORGE BABER	
4142 DORCHEST	ER CT
CHIPLEY FL. 3-24	<del>8</del> 32428