

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731186

1. Entity Name

LEISURE HILLS CIVIC ASSOCIATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90255 014 ****61.25

Principal Place of Business

Mailing Address

17704 DRAYTON ST
SPRINGHILL FL 34610
US

18507 ALEXSON ST
SPRINGHILL FL 34610-7077
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2776515

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

MONK, GUERDON M.
17704 DRAYTON STREET
SPRING HILL FL 34610

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

X Guerdon m. monk

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2000

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	MONK M. GUERDON	
STREET ADDRESS	17704 DRAYTON STREET	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEMPLE, HENRY	
STREET ADDRESS	17912 MEDLEY AVE	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GUENKEL, OONAGN	
STREET ADDRESS	18507 ALEXSON ST.	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUENKEL, ROBERT	
STREET ADDRESS	18507 ALEXSON STREET	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNOW FRED	
STREET ADDRESS	17624 ALEXSON ST	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON JO	
STREET ADDRESS	17043 CARLESIMO AVENUE	
CITY-ST-ZIP	SPRING HILL FL	

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

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:

Signature of Guerdon M. Monk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000
Date

727-856-1142
Daytime Phone #

CR2E037 (9/99)