

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731186

1. Entity Name

LEISURE HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business

17704 DRAYTON ST
SPRINGHILL FL 34610
US

Mailing Address

18507 ALEXSON ST
SPRINGHILL FL 34610
US

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

59-2776515

Applied For

Not Applicable

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

Guendon m. monk

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MONK M. GUERDON
STREET ADDRESS 17704 DRAYTON STREET
CITY-ST-ZIP SPRINGHILL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WEMPLE, HENRY
STREET ADDRESS 17912 MEDLEY AVE
CITY-ST-ZIP SPINGHILL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME GUENKEL, OONAGN
STREET ADDRESS 18507 ALEXSON ST.
CITY-ST-ZIP SPRINGHILL FL ☐ Delete

TITLE
NAME GUENKEL, OONAGH ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME GUENKEL, ROBERT
STREET ADDRESS 18507 ALEXSON STREET
CITY-ST-ZIP SPRINGHILL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME SNOW FRED
STREET ADDRESS 17624 ALEXSON ST
CITY-ST-ZIP SPRING HILL FL 34610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WILSON JO
STREET ADDRESS 17043 CARLESIMO AVENUE
CITY-ST-ZIP SPRING HILL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Required

1/9/02 727-856-1142

CR2E037 (9/01)