

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732718

1. Entity Name

KENSINGTON CIVIC ASSOCIATION, INC.

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90020 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

C/O LYNN KEEBLER  
1908 RED FOX LANE  
BRANDON FL 33510

P.O. BOX 631  
MANGO FL 33550-0631



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1647866

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

KEEBLER, CAROLYN  
1908 RED FOX LN  
BRANDON FL 33510

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

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 ☐ Delete  
NAME JARRETT, CARL  
STREET ADDRESS 1914 RED FOX LANE  
CITY-ST-ZIP BRANDON FL

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

TITLE SD ☐ Delete  
NAME HELD, DAVID  
STREET ADDRESS 1602 DOGWOOD LANE  
CITY-ST-ZIP BRANDON FL

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

TITLE VD ☐ Delete  
NAME KEIBLER, LYNN  
STREET ADDRESS 1908 RED FOX LN  
CITY-ST-ZIP BRANDON FL

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

TITLE TD ☒ Delete  
NAME COMBEE, TRACY  
STREET ADDRESS 1911 RED FOX LN  
CITY-ST-ZIP BRANDON FL 33510

TITLE ☒ Change ☐ Addition  
NAME TREASURER/DIRECTOR  
STREET ADDRESS AMBER TROUTMAN  
CITY-ST-ZIP 1606 SPRING LANE  
BRANDON, FL 33510

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: CAROLYN M. KEEBLER 2/2/00 813-685-8124