

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90232 021 \*\*\*\*61.25

**DOCUMENT # 732718**

1. Entity Name

**KENSINGTON CIVIC ASSOCIATION, INC.**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33510

HILLSBOROUGH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **JAMES SPEZZANO**

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

1604 DOGWOOD LANE

BRANDON FL

City

FL

Zip Code 33510

KEEBLER, CAROLYN  
 1908 RED FOX LN  
 BRANDON FL 33510

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

*James Spezzano Pres. JAMES SPEZZANO*

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**

**After September 12, 2001, min. will be \$236.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JARRETT, CARL	
STREET ADDRESS	1914 RED FOX LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HELD, DAVID	
STREET ADDRESS	1602 DOGWOOD LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KEEBLER, LYNN	
STREET ADDRESS	1908 RED FOX LN	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TROUTMAN, AMBER	
STREET ADDRESS	1606 SPRING LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. SPEZZANO	
STREET ADDRESS	1604 DOGWOOD LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENT HARBOUR	
STREET ADDRESS	1603 DOGWOOD LANE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES ROSADA	
STREET ADDRESS	1932 OLD SAWMILL RD.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	AMBER	<input 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		
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

*James Spezzano* **JAMES SPEZZANO** 7/26/01

0011067

CR2E037 (5/01)