

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90009 028 \*\*\*\*61.25

**DOCUMENT # 732718**

1. Entity Name

**KENSINGTON CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O J SPEZZANO  
 1604 DOGWOOD LANE  
 BRANDON FL 33510**

**P.O. BOX 631  
 MANGO FL 33550-0631**

2. Principal Place of Business

**1914 RED FOX Ln**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Brandon FL**

**FL**

4. FEI Number

**59-1647866**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33510 Hillsborough**

**USA**

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

**SPEZZANO, JAMES  
 1604 DOGWOOD LANE  
 BRANDON FL 33510**

Name

**Kandy Corcoran**

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

**1914 RED FOX Ln**

City

**Brandon**

**FL**

Zip Code

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**K Corcoran**

**4-23-02**

**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 **SPEZZANO, JAMES**  
 STREET ADDRESS **1604 DOGWOOD LANE**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **PD** ☒ Change ☒ Addition  
 NAME **LES Ashby**  
 STREET ADDRESS **1932 Old Sawmill Rd**  
 CITY-ST-ZIP **Brandon FL 33510**

TITLE **SD** ☒ Delete  
 NAME **HARBOUR, BRENT**  
 STREET ADDRESS **1603 DOGWOOD LANE**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **VPD** ☒ Change ☒ Addition  
 NAME **ROBERTA PORTER**  
 STREET ADDRESS **1932 Old Sawmill Rd**  
 CITY-ST-ZIP **Brandon FL 33510**

TITLE **VD** ☒ Delete  
 NAME **ROSADA, JAMES**  
 STREET ADDRESS **1932 OLD SAWMILL ROAD**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **SEC** ☒ Change ☒ Addition  
 NAME **Tara FORREST**  
 STREET ADDRESS **1602 Spring Lane**  
 CITY-ST-ZIP **Brandon FL 33510**

TITLE **TD** ☒ Delete  
 NAME **TROUTMAN, AMBER**  
 STREET ADDRESS **1806 SPRING LANE**  
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Kandy Corcoran**  
 STREET ADDRESS **1914 RED FOX Ln**  
 CITY-ST-ZIP **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:

**SIGNATURE REQUIRED**

**4-25-02**

**813-  
 654-2826**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)