

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90036 006 ****61.25

DOCUMENT # 733516

1. Entity Name

THE WEATHERSFIELD CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**301 NORTE DAME
 ALTAMONTE SPGS FL 32714
 US**

**301 NOTRE DAME
 ALTAMONTE SPGS FL 32714-4118
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LACKEY, FORREST J
 301 NOTRE DAME
 ALTAMONTE SPRGS FL 32714**

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	MD	<input type="checkbox"/> Delete
NAME	LACKEY, FORREST J.	
STREET ADDRESS	301 NOTRE DAME	
CITY-ST-ZIP	ALTAMONTE SPRGS. FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIVERA, IRIS	
STREET ADDRESS	521 AUBURN	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REEVES, NANCY	
STREET ADDRESS	372 CLEMSON DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLEY, HOMER	
STREET ADDRESS	384 NOTE DAME	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input type="checkbox"/> Delete
NAME	EDMISTER, MELVIN	
STREET ADDRESS	328 CLEMSON DR	
CITY-ST-ZIP	ALTAMONTE SPRNGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, PRESTON	
STREET ADDRESS	300 TRINITY AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Forrest J. Lackey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000
 Date Daytime Phone #

CR2E037 (9/99)