

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90667 046 \*\*\*\*61.25

0010393

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

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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    |  |   |
| 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/2002 407-862-2842**  
 Date Daytime Phone #

CR2E037 (9/01)