

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734779

1. Entity Name

CIVITAN CLUB OF AUBURNDALE, INC.

Principal Place of Business

Mailing Address

212 HERNANDO DR S.E.
WINTER HAVEN FL 33884-8026

212 HERNANDO DR S.E.
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6158812

Applied For

Not Applicable

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

DOZIER, ED
212 HERNANDO DR. S.E.
WINTER PARK FL 33884

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 D ☐ Delete
NAME ALBRIGO, GENE
STREET ADDRESS 7 LAKE WINTERSET DR
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE D ☐ Delete
NAME KELLEY, GUYLENE
STREET ADDRESS 449 GULFSTREAM DR N
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE T ☐ Delete
NAME DOZIER, ED
STREET ADDRESS 212 HERNANDO DR SE
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE P ☐ Delete
NAME KELLEY, HERB
STREET ADDRESS 449 GULFSTREAM DR N
CITY-ST-ZIP WINTER HAVEN FL 33881

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

TITLE D ☐ Delete
NAME BOSTELMAN, ERNIE
STREET ADDRESS 511 ARNESON AVE
CITY-ST-ZIP AUBURNDALE FL

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

TITLE D ☐ Delete
NAME MORGAN, TOM
STREET ADDRESS 360 VAIL DR.
CITY-ST-ZIP WINTER HAVEN FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90025 049 ****61.25

00030302



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)