

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734779

1. Entity Name

CIVITAN CLUB OF AUBURNDALE, INC.

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90189 006 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6158812

Applied For

Not Applicable

Zip

Country

Zip

Country

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 P ☐ Change ☒ Addition  
NAME HALLFIN  
STREET ADDRESS 3803 GAINES DR. S.E.  
CITY-ST-ZIP WINTER HAVEN, FL 33884

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:

*Ed Dozier* REQUIRED DOZIER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-01

Date

Daytime Phone #

CR2E037 (10/00)