

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90036 023 ****61.25

DOCUMENT # 735078

1. Entity Name

ORANGE ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5400 SEMINOLE BLVD.
 SEMINOLE FL 34642-7426

5336 106TH ST N
 ST PETERSBURG FL 33708-3352
 US

BU01U778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0211574

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

JUDD, KENNETH
 5482 - 104TH WAY NORTH
 SEMINOLE FL 34642

Name **JIM DONELON**
 Street Address (P.O. Box Number is Not Acceptable)
10226 - 51st Ave. North
ST. PETERSBURG
 City **FL** Zip Code **33708**

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 JIM DONELON (PRESIDENT) James F. Donlon 1-25-2000.
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	P	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, GINGER	
STREET ADDRESS	10644 53RD AVENUE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JUDD, KENNETH	
STREET ADDRESS	5482 104TH WAY N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BLAIR, BETTY	
STREET ADDRESS	5335 106TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	TR	<input type="checkbox"/> Delete
NAME	NASE, KAY	
STREET ADDRESS	5336-106 ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOHLER, SHAWN	
STREET ADDRESS	10359 52ND AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM DONELON	
STREET ADDRESS	10226 - 51ST AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	V.PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Scopellite	
STREET ADDRESS	5147 - 104th ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
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: James F. Donlon 1-25-2000. 727 392-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #