

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90010 029 ****61.25

0081745

DOCUMENT # 735078

1. Entity Name

ORANGE ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

5400 SEMINOLE BLVD.
SEMINOLE FL 34542-7426

Mailing Address

5336 106TH ST N
ST PETERSBURG FL 33708
US

00005172



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

DONELON, JIM
10226 51ST AVE N.
SAINT PETERSBURG FL 33708

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DONELON, JIM	
STREET ADDRESS	10226 51ST AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOPELLITE, JOSEPH	
STREET ADDRESS	5147 104TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
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 checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RECORDING SECT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS RICHARD	
STREET ADDRESS	10388 52ND AVE N.	
CITY-ST-ZIP	ST. PETERS, 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		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 6, 2001

Date

727-392-7105

Daytime Phone #

CR2E037 (10/00)