

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-14-2002 90087 037 ****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
 US

10070

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

59-0211574

Applied For

Not Applicable

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

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

Name **PHILLIP W. JOHNSON**
 Street Address (P.O. Box Number is Not Acceptable)
5105 104th WAY N
 City **St. Peters BURG** 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 *Phillip W. Johnson* **PHILLIP W. JOHNSON** **PRESIDENT** **1-16-2002**
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** Delete
 NAME **DONELON, JIM**
 STREET ADDRESS **10226 51ST AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE **D** Change Addition
 NAME **PHILLIP W JOHNSON**
 STREET ADDRESS **5105 104th WAY N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE **VP** Delete
 NAME **SCOPELLITE, JOSEPH**
 STREET ADDRESS **5147 104TH ST N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE **D** Change Addition
 NAME **ALAN NASE**
 STREET ADDRESS **5336 106th ST N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE **DS** Delete
 NAME **BLAIR, BETTY**
 STREET ADDRESS **5335 106TH STREET NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33708**

TITLE **D** Change Addition
 NAME **CAROL JOHNSON**
 STREET ADDRESS **5105 104th WAY N**
 CITY-ST-ZIP **ST PETERSBURG FL 33708**

TITLE **TR** Delete
 NAME **NASE, KAY**
 STREET ADDRESS **5336-106 ST N**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **KOHLER, SHAWN**
 STREET ADDRESS **10359 52ND AVE N**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **RS** Delete
 NAME **RICHARD, DORIS**
 STREET ADDRESS **10388 52ND AVE. W.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

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, without other like empowerment.

SIGNATURE: *Phillip W. Johnson* **PHILLIP W. JOHNSON** **PRESIDENT** **1-16-2002** **(727) 319-9948**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)