

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738649

1. Entity Name

OLDSMAR CIVIC CLUB, INC.

Principal Place of Business

Mailing Address

402-404 ST PETERSBURG DR.  
P O BOX 163  
OLDSMAR FL 34677

402-404 ST PETERSBURG DR.  
P O BOX 163  
OLDSMAR FL 34677-0163

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPOLI, JAMES A  
313 E. SHORE DRIVE  
OLDSMAR FL 34677

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 checked="" type="checkbox"/> Delete
NAME	ULAND, AL	
STREET ADDRESS	404 EVERGREEN DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ULAND, LINDA	
STREET ADDRESS	404 EVERGREEN DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FOGG, BRENDA	
STREET ADDRESS	200 E BUCKINGHAM AVE	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	GROSSBECK, ROSS	
STREET ADDRESS	STATE ROAD, LOT 21	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, DOROTHY R	
STREET ADDRESS	3330 KILLDEER PL	
CITY-ST-ZIP	PLAM HARBOR FL 34685	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, ART	
STREET ADDRESS	609 LEMONWOOD DRIVE	
CITY-ST-ZIP	OLDSMAR FL 34677	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOLI, JAMES	
STREET ADDRESS	313 E SHORE DRIVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARADISE, MARION	
STREET ADDRESS	1801 BUTTONWOOD DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULAND, AL	
STREET ADDRESS	404 EVERGREEN DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOGG, BRENDA	
STREET ADDRESS	200 E BUCKINGHAM AVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, FLO	
STREET ADDRESS	3139 DUANE AVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULAND, AL	
STREET ADDRESS	404 EVERGREEN DR	
CITY-ST-ZIP	OLDSMAR FL 34677	

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:

BRENDA FOGG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRUSTEE

1/25/00 813-855-4331  
Date Daytime Phone #

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

01-29-2000 90035 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3028044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required