

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738649

1. Entity Name

OLDSMAR CIVIC CLUB, INC.

Principal Place of Business

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

Mailing Address

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

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 59-3028044

Applied For

Not Applicable

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

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
NAME CAMPOLI, JAMES
STREET ADDRESS 313 E SHORE DRIVE
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE S
NAME PARADISE, MARION
STREET ADDRESS 1801 BUTTONWOOD DR
CITY-ST-ZIP OLDSMAR FL 34677 ☒ Delete

TITLE T
NAME ULAND, AL
STREET ADDRESS 404 EVERGREEN DR
CITY-ST-ZIP OLDSMAR FL 34677 ☒ Delete

TITLE TR
NAME FOGG, BRENDA
STREET ADDRESS 200 E BUCKINGHAM AVE
CITY-ST-ZIP OLDSMAR FL 34677 ☒ Delete

TITLE TR
NAME ALLEN, FLO
STREET ADDRESS 3139 DUANE AVE
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE TR
NAME ULAND, AL
STREET ADDRESS 404 EVERGREEN TR
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 317 E. SHORE DR.
CITY-ST-ZIP

TITLE S
NAME LATHER, GENE
STREET ADDRESS 8927 EDGEWOOD BLV.
CITY-ST-ZIP TAMPA, FL 33635 ☐ Change ☒ Addition

TITLE T
NAME FOGG, BRENDA
STREET ADDRESS 200 E. BUCKINGHAM AVE
CITY-ST-ZIP OLDSMAR, FL 34677 ☐ Change ☒ Addition

TITLE TR
NAME KENCHIN, BETTY
STREET ADDRESS 401 BAYVIEW ST.
CITY-ST-ZIP OLDSMAR, FL 34677 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Brenda E. Fogg BRENDA E. FOGG 4-28-01 813-855-4331

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90113 050 ****61.25



DO NOT WRITE IN THIS SPACE

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