

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738841

1. Entity Name

HILLSBORO HARBOR CIVIC ASSOCIATION, INC.

Principal Place of Business

P O BOX 238  
POMPANO BEACH FL 33061

Mailing Address

P O BOX 238  
POMPANO BEACH FL 33061

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

NOT APPLICABLE

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

OLSON, MARY C  
2831 N.E. 22 CT  
POMPANO BCH FL 33062

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

*Mary C Olson*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	DOLORES WALLIS	2660 NE 23RD CT POMPANO BEACH FL 33062	<input checked="" type="checkbox"/>
	DVP	MOLINANI, VICKI	2951 NE 23 ST POMPANO BEACH FL 33062	<input type="checkbox"/>
	DS	BARCHESKI, MARIE-HELENE	2941 NE 23RD STREET POMPANO BCH, FL 00000	<input type="checkbox"/>
	P	FLOM, JEAN	3801 NE 22ND CT POMPANO BEACH FL 33062	<input type="checkbox"/>
	D	CURTIS KRUGER	2810 NE 23RD ST POMPANO BCH, FL 00000 33062	<input type="checkbox"/>
	T	OLSON, MARY	2831 NE 22ND CT. POMPANO BCH. FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Luce, Vella	2910 N.E. 23 ST	Pompano Beach, Fla 33062	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of Mary C Olson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/01 1-954-943-5281



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)