

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738992

1. Entity Name

RUSSELL PARK CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

290 MIRAMAR RD.
FT. MYERS FL 33905

290 MIRAMAR RD.
FT. MYERS FL 33905-2540

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

59-2355842

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

VAUGHT, DOUGLAS
250 GRANADA BLVD.
FT. MYERS FL 33905

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete
NAME VAUGHN, MARTHA
STREET ADDRESS 226 DEL RAY AVE.
CITY-ST-ZIP FT. MYERS FL

TITLE S ☒ Change ☐ Addition
NAME NORMA JELL
STREET ADDRESS 137 LAGOON DR.
CITY-ST-ZIP FT. MYERS, FL. 33905

TITLE D ☐ Delete
NAME DAVIS, BILL
STREET ADDRESS 310 CAROLWAY
CITY-ST-ZIP FT MYERS FL

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

TITLE PD ☐ Delete
NAME VAUGHT, DOUGLAS
STREET ADDRESS 250 GRANADA BLVD.
CITY-ST-ZIP FT. MYERS FL

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

TITLE D ☐ Delete
NAME THORN, JOYCE
STREET ADDRESS 234 LABELLE AVE.
CITY-ST-ZIP FT. MYERS FL 33905

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

TITLE T ☐ Delete
NAME VANDIVER, NANCY
STREET ADDRESS 157 LAGOON DR.
CITY-ST-ZIP FT MYERS FL 33905

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

TITLE VPD ☐ Delete
NAME AMOS, KARLA
STREET ADDRESS 219 GRANADA BLVD.
CITY-ST-ZIP FT. MYERS FL 33905

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY VANDIVER

Date

Daytime Phone #

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90019 033 ****61.25



DO NOT WRITE IN THIS SPACE

CH2E037 (9/99)