

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740067

1. Entity Name

SECRET COVE CIVIC ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 550706
JACKSONVILLE FL 32255-7706

Mailing Address

P.O. BOX 550706
JACKSONVILLE FL 32255-7706

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

59-2378008

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEINHAUSER, JOHN
3528 HIDDEN LAKE DR W
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

KRIER, BARBARA

Street Address (P.O. Box Number is Not Acceptable)

3260 HIDDEN LAKE DR E.

City

JACKSONVILLE

FL

Zip Code

32216

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

Barbara A. Krier

Barbara A. Krier

2/24/01

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 DT
NAME LEINHAUSER, JOHN
STREET ADDRESS 3528 HIDDEN LAKE DR. W.
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE DP
NAME RICE, BILL
STREET ADDRESS 3507 HIDDEN LAKE DR., W
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE DV
NAME SUBER, JENN
STREET ADDRESS 3402 SECRET COVE PL
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE D
NAME BOLDEN, D.C.
STREET ADDRESS 3165 OLD PT CIRCLE EAST
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE DS
NAME TREMBLY, RUSSELL
STREET ADDRESS 8327 HIDDEN LAKE DR S
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME WERN, TOM
STREET ADDRESS 8388 COMPASS ROSE DR., S
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT
NAME KRIER, BARBARA
STREET ADDRESS 3260 HIDDEN LAKE DR. E.
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

TITLE D
NAME DAUGHERTY, ROBERT
STREET ADDRESS 3545 COMPASS ROSE DR. E.
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

TITLE DP
NAME SUBER, JENNY
STREET ADDRESS 3402 SECRET COVE PL
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☒ Change ☐ Addition

TITLE DV
NAME BOLDEN, D.C.
STREET ADDRESS 3165 OLD PORT CIRCLE EAST
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☒ Change ☐ Addition

TITLE D
NAME CORRIGAN, TIM
STREET ADDRESS 3323 HIDDEN LAKE DR. W.
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

TITLE D
NAME QUACKENBUSH, MIKE
STREET ADDRESS 3427 COMPASS ROSE DR. E.
CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

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:

Barbara A. Krier

Barbara A. Krier

2/24/01

Date

(904)732-1853

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

0013429

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90082 011 ****61.25



DO NOT WRITE IN THIS SPACE