## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **74073**3 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** LOCHMOOR CIVIC ASSOCIATION, INC. 01-19-2000 90311 028 \*\*\*\*61.25 Mailing Address 4305 Perth Ct 475-PRESTWICK CT Principal Place of Business 4305 Perth CT 475 PRESTWICK CT N FT MYERS FL 33903-4940 N FT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0032689 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 103 1e n Street Address (P.O. Box Number is Not Acceptable) TEMPLETON, ROD 4160 YARMOUTH CT Prestwick NORTH FT MYERS FL 33903 Zip Code 33903 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition Delete TITLE TITLE NAME NAME **TEMPLETON ROD** 175 Prestwick Ct STREET ADDRESS STREET ADDRESS 4160 YARMOUTH CT CITY-ST-ZIP 33903 CITY-ST-ZIP Ft Myers NORTH FT MYERS FL 33903 **X** Addition **⊠** Delete TITLE TITLE Bob Jenser WEDDLE, A B NAME NAME STREET ADDRESS STREET ADDRESS 4220 PERTH CT CITY-ST-ZIP CITY-ST-ZIP NORTH FT MYERS FL 33903 **5** Change X Addition Delete TITL F DAY, MARILYN NAME STREET ADDRESS STREET ADDRESS 4180 PRESTWICK CT -CITY-ST-ZIP CITY-ST-ZIP NORTH FT MYERS FL 33903 Addition ☐ Change Delete TITLE TITLE Pathy Nemazie NAME NAME JENKINS, CHARLES 4305 Perth C+ STREET ADDRESS STREET ADDRESS 4175 PRESTWICK CT CITY-ST-ZIP CITY-ST-ZIP N FT MYERS, FL 00000 33903 **Addition** Delete TITLE Bill Hager 4185 Prestwick Ct NAME **ELKINS, DON** STREET ADDRESS STREET ADDRESS **4240 PERT COURT** CITY-ST-ZIP CITY-ST-ZIP **NORTH FT MYERS FL 33903** ✓ Addition **Delete** TITLE TITLE NAMÉ NAME GOLIGHTLY, RALPH STREET ADDRESS STREET ADDRESS 4155 PRESTWICK CT 33903 CITY-ST-ZIP CITY-ST-7IP NORTH FT MYERS FL 33903 12. I hereby certify that the information supplied with this filling 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.