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FILED
Jul 06, 2001 8:00 am
Secretary of State

05-11-2001 90130 038 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742697

1. Entity Name

HILLANDALE-GLENGARY CIVIC ASSOCIATION, INC.

Principal Place of Business

**6333 Langston Ave
New Port Richey, FL
34653**

Mailing Address

**6333 Langston Ave
New Port Richey, FL
34653**

75661

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1943182

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name
Mansfield, Alberta

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

6345 Tralee Ave

City

New Port Richey

FL

Zip Code
34653

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

ALBERTA MANSFIELD, TREAS

Alberta Mansfield, Treas 7/2/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	PD	☐ Delete
NAME	Stephen, Rock	
STREET ADDRESS	6417 Limerick Ave	
CITY - ST - ZIP	New Port Richey, FL	
TITLE	VD	☐ Delete
NAME	Ruocchio, Evelyn	
STREET ADDRESS	6246 Baldwin Ave	
CITY - ST - ZIP	New Port Richey, FL	
TITLE	SD	☐ Delete
NAME	Hoy, Hazel	
STREET ADDRESS	6405 Langston Ave	
CITY - ST - ZIP	New Port Richey, FL	
TITLE	TD	☐ Delete
NAME	Mansfield, Alberta	
STREET ADDRESS	6345 Tralee Ave	
CITY - ST - ZIP	New Port Richey, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☒ Change ☐ Addition
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STREET ADDRESS		
CITY - ST - ZIP		
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)(f), 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 attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN ROCK

President

4/25/01

747-845-7079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #