

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-19-2002 90074 037 ****61.25

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**

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 **59-1943182**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MANSFIELD, ALBERTA
 6345 TRALEE AVE
 NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent -

Name **Noon, Mary A.**

Street Address (P.O. Box Number Is Not Acceptable)
6339 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

Mary Ann Noon, Treasurer
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/13/02
 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	<input type="checkbox"/> Delete
NAME	STEPHEN, ROCK	
STREET ADDRESS	6417 LIMERICK AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUOCCHIO, EVELYN	
STREET ADDRESS	6246 BALDWIN AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOY, HAZEL	
STREET ADDRESS	6405 LANGSTON AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MANSFIELD, ALBERTA	
STREET ADDRESS	6345 TRALEE AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruocchio, Eugene	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Noon, Mary	
STREET ADDRESS	6339 Tralee Ave	
CITY-ST-ZIP	New Port Richey, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stephen Rock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stephen Rock
 President**

Date

Daytime Phone #

1/31/02 742-845-3079

CR2E037 (9/01)