2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # 747300** 1. Entity Name WELCH'S SUBDIVISION CIVIC ASSOCIATION, INC. 01-28-2000 90137 037 ****61.25 Principal Place of Business Mailing Address 11292 SW WELCH AVENUE 11292 SW WELCH AVENUE % BILL WINNEWISSER, PRES. % BILLWINNEWISSER, PRES ARCADIA FL 33821 -ARCADIA FL 34266-6826 2. Principal Place of Business 3. Mailing Address 1299 SIDLIELCH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BILL WINNEWISSER City & State City & State 4. FEI Number 59-2938103 ecadio Not Applicable Country Country 7in \$8.75 Additional 5. Certificate of Status Desired 10-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INNEW ISSER ress (P.O. Box Number is Not Acceptable) WINNEWISSER, BILL 11292 SW WELCH AVE ARCADIA FL 33821 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. 4500 Your \$100 \$166 3 BILL WINNEWISSER Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE PD ☐ Delete TITLE Change BILL WINNEWISSER NAME winnewisser, bill NAME 11292 SW WELCH AVE STREET ADDRESS STREET ADDRESS 11327 SW WELCH AVE. CITY-ST-ZIP A<u>rcadj</u>a, FL 34266 CITY-ST-ZIP ARCADIA FL 33821 ☐ Addition TITLE ☐ Change TITLE Delete NAME allard, earl NAME 11269 SW WELCH AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY:ST:7IP ARCADIA FL<u>~3'4266</u> ☐ Addition STD ☐ Change TITLE ☐ Delete TITLE NAME atkins, Joan C NAME STREET ADDRESS 11232 SW WELCH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL **355**1 34266 Change Addition TITLE ☐ Delete TITLE HAMLIN, JERDON NAME STREET ADDRESS 11209 SW WELCH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 88821 *39266* Delete TITLE ☐ Change ☐ Addition TITLE NAME FECKE, FRANK NAME STREET ADDRESS STREET ADDRESS 11187 SW CRENSHAW AVE CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL **3882**1 *34266* ☐ Change M Addition M Delete TITI F TITLE GEORGE KASEL NAME REGINER, PAUL NAME 11162 SWWELRH AVE STREET ADDRESS 11308 SW WELCH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCADIA, FL 00000 ARCadia

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-625-7349

(66/6)

Daytime Phone #