

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90224 015 ****61.25

0063509

DOCUMENT # 748994

1. Entity Name

TAYLOR ROAD CIVIC ASSOCIATION, INC.



Principal Place of Business

**11318 E. SLIGH AVE
SEFFNER FL 33584
US**

Mailing Address

**11318 E. SLIGH AVE
SEFFNER FL 33584
US**

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 **NOT APPLICABLE**

Applied For

Not Applicable

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

**OBERTING, CAM
11318 E. SLIGH AVE.
SEFFNER FL 33584**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cam Oberting

4-30-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	OBERTING, CAM	
STREET ADDRESS	11318 E SLIGH	
CITY-ST-ZIP	SEFFNER, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERRICK, HERMI	
STREET ADDRESS	9132 N. TAYLOR RD	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEE, JAMES Y	
STREET ADDRESS	11911 THONOTOSSA RD	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRIBBS, MARILYN	
STREET ADDRESS	1014 OLD HILLSBOROUGH AVE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSMITH, JOHNSON R PH.D.	
STREET ADDRESS	6544 HIGHWAY, #579	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, EDITH	
STREET ADDRESS	11218 RUSSELL DR.	
CITY-ST-ZIP	SEFFNER FL	

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		<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		

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:

SIGNATURE REQUIRED *Cam Oberting* **4-30-03 - 813-2465183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)