2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State
01-31-2002 90094 034 ****61.25

DOCUMENT # 753581

1. Entity Name

LUTZ CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1 LUTZ FL 33548	P.O. BOX 1 LUTZ FL 33548

DO NOT WRITE IN THIS SPACE

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 59-2371532 ☐ 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
MEEKER, CAROLYN 17027 HANNA RD LUTZ FL 33549	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.

SIGNATURE _____
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAYNE, DENISE 2504 AYERS HILL CT. LUTZ FL ~~33549~~ 33559	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SHARON ESPINOLA 504 SHADOWGROVE DR LUTZ, FL 33548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, MARION P.O. BOX 1092 LUTZ FL 33548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JAY MUFFLEY 102 5TH AV SE. LUTZ, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MEEKER, CAROLYN 17027 HANNA RD. LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CAROLYN MEEKER	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STOY, RONALD 907 TOMLINSON DR. LUTZ FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES. HELEN KINYON 1550 N. NEBRASKA AV LUTZ, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCKINGHAM, RURALEE 19216 BLOUNT ROAD LUTZ FL ~~33549~~ 33558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN MEANS 1721 NEWBERGER RD LUTZ, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLZIN, STEVE 17512 DRAKE CT. LUTZ FL ~~33549~~ 33559	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ELEANOR CECIL 1701 CURRY RD LUTZ, FL 33549	☐ Change ☒ Addition

CR2E037 (9/01)

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: Carolyn Meeker 1-14-02 813-949-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #