

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90160 044 ****61.25

DOCUMENT # 753581

1. Entity Name

LUTZ CIVIC ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1
LUTZ FL 33548

Mailing Address

P.O. BOX 1
LUTZ FL 33548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

MEEKER, CAROLYN
17027 HANNA RD
LUTZ FL 33549

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LAYNE, DENISE 2504 AYERS HILL CT. LUTZ FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT MOORE 18410 LIVINGSTON AV. LUTZ, FL 33549	☐ 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 JOHN MEARS 1721 NEWBERGER RD LUTZ, FL 33549	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD T MEEKER, CAROLYN 17027 HANNA RD. LUTZ FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELEN, KINYON 15500 N NEBRASKA AVE LUTZ FL 33549	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKINGHAM, RURALEE 19216 BLOUNT ROAD LUTZ FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLZIN, STEVE 17512 DRAKE CT. LUTZ FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Caroline E. Mears
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 813-949-1017

CR2E037 (10/02)