

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/17/01-

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90104 004 \*\*\*\*61.25

**DOCUMENT # 761138**

1. Entity Name

**EDEN ISLE CIVIC ASSOCIATION, INCORPORATED**

Principal Place of Business

980 EDEN ISLE DR NE  
SAINT PETERSBURG FL 33704-1704  
US

Mailing Address

980 EDEN ISLE DR NE  
SAINT PETERSBURG FL 33704-1704  
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

**MARSHALL, BARRY**  
**980 EDEN ISLE DR NE**  
**SAINT PETERSBURG FL 33704-1704**

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          | PD                             | <input type="checkbox"/> Delete            |
| NAME           | MARSHALL, BARRY                |                                            |
| STREET ADDRESS | 980 EDEN ISLE DR NE            |                                            |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33704-1704 |                                            |
| TITLE          | VP                             | <input checked="" type="checkbox"/> Delete |
| NAME           | DAVIS, KATHY                   |                                            |
| STREET ADDRESS | 1000 EDEN ISLE DR NE           |                                            |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33704      |                                            |
| TITLE          | VP                             | <input type="checkbox"/> Delete            |
| NAME           | HUBBARD, BARBARA               |                                            |
| STREET ADDRESS | 1010 EDEN ISLE DR NE           |                                            |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33704      |                                            |
| TITLE          | VO                             | <input checked="" type="checkbox"/> Delete |
| NAME           | MARSHALL, BARRY                |                                            |
| STREET ADDRESS | 980 EDEN ISLE DR NE            |                                            |
| CITY-ST-ZIP    | ST. PETERSBURG FL              |                                            |
| TITLE          | VO                             | <input checked="" type="checkbox"/> Delete |
| NAME           | DAVIS, KATHY                   |                                            |
| STREET ADDRESS | 1000 EDEN ISLE DR NE           |                                            |
| CITY-ST-ZIP    | ST. PETERSBURG FL              |                                            |
| TITLE          | S                              | <input type="checkbox"/> Delete            |
| NAME           | GALLAUER, PAM                  |                                            |
| STREET ADDRESS | 1569 EDEN ISLE BLVD NE         |                                            |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33704      |                                            |

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | Colleen Crutchfield V.P. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 935 Eden Isle Dr. NE.    |                                                                              |
| STREET ADDRESS | St Petersburg FL 33704   |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | Jim Matson Treasurer     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 1563 Eden Isle Blvd. NE. |                                                                              |
| STREET ADDRESS | St Petersburg FL 33704   |                                                                              |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

(727) 921-9131

Daytime Phone #

CR2E037 (10/00)