

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90643 040 ****61.25

DOCUMENT # 763808

1. Entity Name

THE HIGHLANDS CIVIC ASSOCIATION, INC.

Principal Place of Business

**17814 MERIDIAN BLVD.
HUDSON FL 34667**

Mailing Address

**P.O. BOX 123
ARIPEKA FL 34679-0123
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

59-3024679

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

**DARRELL, BILL
18117 BRANCH ROAD
HUDSON FL 34667**

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** ☐ Delete
NAME **OSBRON, ROSCOE**
STREET ADDRESS **10733 FILLY LA**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **PD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MURPHY, DOLORES**
STREET ADDRESS **18421 THOMAS BLVD.**
CITY-ST-ZIP **HUDSON FL**

TITLE **SD** ☐ Change ☐ Addition
NAME **BILL DARRELL**
STREET ADDRESS **18117 BRANCH RD.**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **TD** ☐ Delete
NAME **GOLDSBORO, DONNA**
STREET ADDRESS **17903 MERIDIAN BLVD.**
CITY-ST-ZIP **HUDSON FL**

TITLE **TD** ☐ Change ☐ Addition
NAME **LUCY-SALYER**
STREET ADDRESS **10700 FILLY LN**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **VD** ☐ Delete
NAME **MESSINA, SALVATORE**
STREET ADDRESS **17735 THOMAS BLVD**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSCOE OSBRON

Date

4/23/02

Daytime Phone #

727-863-2387

CR2E037 (9/01)