

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765911

1. Entity Name

WINTER SPRINGS CIVIC ASSOC., INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90043 002 ****61.25

0022435

Principal Place of Business

Mailing Address

P O BOX 195332
WINTER SPRINGS FL 32719-5332
US

P O BOX 195332
WINTER SPRINGS FL 32719-5332
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

59-2925950

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

ARTHUR HOFFMANN
1436 MT LAUREL LANE
WINTER SPRINGS FL 32708

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

Arthur Hoffmann Treasurer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 7, 2001
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
NAME FERRING, JOHN ☐ Delete
STREET ADDRESS 694 BENITAWOOD CT.
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE VD
NAME KREBS, JOANNE ☐ Delete
STREET ADDRESS 1002 TAPROOT DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE TD
NAME HOFFMANN, ARTHUR ☐ Delete
STREET ADDRESS 1436 MT LAUREL DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE 2VD
NAME GROGAN, RICHARD ☐ Delete
STREET ADDRESS 697 ABERDEEN LANE
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE CSD
NAME FERRING, PATRICIA ☐ Delete
STREET ADDRESS 694 BENITAWOOD CT
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE RSD
NAME LYZEN, LURENE ☐ Delete
STREET ADDRESS 627 MARNI DR.
CITY-ST-ZIP WINTER SPRINGS FL 32708

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: *Arthur Hoffmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR HOFFMANN
TREASURER
April 7, 2001
Date

Daytime Phone #

CR2E037 (10/00)