

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000006428

1. Entity Name

WIMAUMA CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3205 TINA MARIE CIRCLE
WIMAUMA FL 33598

3205 TINA MARIE CIRCLE
WIMAUMA FL 33598

2. Principal Place of Business

5705 Hillsborough Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 986

Suite, Apt. #, etc.

City & State

Wimauma, Florida 33598

City & State

Wimauma, Florida 33598

Zip

Country

Hillsborough

Zip

Country

Hillsborough

4. FEI Number

59-3760179

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DEGRASSE, JAMES
3205 TINA MARIE CIRCLE
WIMAUMA FL 33598

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)

March 15, 2002

DATE

James De Grasse President

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

TITLE PRESIDENT /D
NAME JAMES DE GRASSE
STREET ADDRESS 3205 Tina Marie Circle -P.O.Box 986
CITY-ST-ZIP Wimauma, Florida 33598

☐ Delete

TITLE VICE PRESIDENT /D
NAME SUSIE FARMER
STREET ADDRESS 814 Lakeview Drive
CITY-ST-ZIP Wimauma, Florida 33598

☐ Delete

TITLE SECRETARY /D
NAME St. Maureen Smith, OSF
STREET ADDRESS P.O. Box 1252
CITY-ST-ZIP Wimauma, Florida 33598

☐ Delete

TITLE TREASURER (Resigned)
NAME LOUISE M. CHAPIN
STREET ADDRESS P.O. Box 5435
CITY-ST-ZIP Sun City Center, Florida 33571

☒ Delete

TITLE TREASURER (NEW) /D
NAME David Mariney
STREET ADDRESS 1416 Rizage Circle
CITY-ST-ZIP Brandon, Florida 33511

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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: *James De Grasse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2002 (813) 633-5112

Date

Daytime Phone #

CR2E037 (9/01)

James De Grasse MAY 15, 2002