

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

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90110 012 ****61.25

DOCUMENT # N01000006428

1. Entity Name

WIMAUMA CIVIC ASSOCIATION, INC.



Principal Place of Business

**5705 HILLSBOROUGH ST.
WIMAUMA FL 33598**

Mailing Address

**PO BOX 986
WIMAUMA FL 33598**

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 **59-3760179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEGRASSE, JAMES
3205 TINA MARIE CIRCLE
WIMAUMA FL 33598**

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
After September 10, 2003, min will be \$236.25

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 **PD** ☐ Delete
NAME **DE GRASSE, JAMES**
STREET ADDRESS **3205 TINA MARIE CIR. PO BOX 986**
CITY-ST-ZIP **WIMAUMA FL 33598**

TITLE **PDT** ☒ Change ☐ Addition
NAME **DEGRASSE, JAMES**
STREET ADDRESS **3205 TINA MARIE CIRCLE**
CITY-ST-ZIP **WIMAUMA, FL 33598** ☐ Change ☐ Addition

TITLE **VD** ☒ Delete
NAME **FARMER, SUSIE**
STREET ADDRESS **814 LAKEVIEW DR.**
CITY-ST-ZIP **WIMAUMA FL 33598**

TITLE **VD** ☐ Change ☐ Addition
NAME **MIRASOL DEGRASSE**
STREET ADDRESS **3205 TINA MARIE CIRCLE**
CITY-ST-ZIP **WIMAUMA FL 33598** ☐ Change ☒ Addition

TITLE **SD** ☒ Delete
NAME **SMITH, ST. MAUREEN OSF**
STREET ADDRESS **PO BOX 152**
CITY-ST-ZIP **WIMAUMA FL 33598**

TITLE **TD** ☒ Delete
NAME **MARINEY, DAVID**
STREET ADDRESS **1416 RIZAGE CIR.**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **TD** ☒ Delete
NAME **MARINEY, DAVID**
STREET ADDRESS **1416 RIZAGE CIR.**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **VD** ☐ Change ☐ Addition
NAME **MIRASOL DEGRASSE**
STREET ADDRESS **3205 TINA MARIE CIRCLE**
CITY-ST-ZIP **WIMAUMA FL 33598** ☐ Change ☒ Addition

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: **DEGRASSE** **8/21/2003** **633-5112**

CR2E037 (4/03)