

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90043 012 ****61.25

DOCUMENT # N03610

1. Entity Name

OZONA VILLAGE IMPROVEMENT SOCIETY, INC.

Principal Place of Business

Mailing Address

BAY ST.
 P O BOX 81
 OZONA FL 34660

BAY ST.
 P O BOX 81
 OZONA FL 34660-0081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2419863

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FORTNER, ROBERT
 19 BAY STREET
 OZONA FL 34660

Name **BRIAN SMITH**

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

232 PINECREST

City **PALM HARBOR FL**

Zip Code **34683**

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 Delete
 NAME PD
 PAINTER, BOBBIE
 STREET ADDRESS 139 HARBOR DR.
 CITY-ST-ZIP PALM HARBOR FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VD
 SMITH, BRIAN
 STREET ADDRESS P.O. BOX 6646 N/A
 CITY-ST-ZIP OZONA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SD
 FORTNER, TERRY
 STREET ADDRESS 19 BAY ST.
 CITY-ST-ZIP OZONA FL

TITLE Change Addition
 NAME IRIS FISHER
 STREET ADDRESS P.O. BOX 285, 105 LIMETTA
 CITY-ST-ZIP OZONA, FL 34660

TITLE Delete
 NAME TD
 MARENS, DIANE M.
 STREET ADDRESS 133 HARBOR DR.
 CITY-ST-ZIP PALM HARBOR

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 HALL, REGGIE
 STREET ADDRESS 312 RIDGE RD.
 CITY-ST-ZIP OZONA FL

TITLE Change Addition
 NAME MARGARET MAHARA
 STREET ADDRESS P.O. BOX 6767, 12 BAY ST
 CITY-ST-ZIP OZONA FL 34660

TITLE Delete
 NAME D
 FORTNER, ROBERT
 STREET ADDRESS 19 BAY ST.
 CITY-ST-ZIP OZONA FL

TITLE Change Addition
 NAME NANCY HART
 STREET ADDRESS P.O. BOX 185, BANANA ST
 CITY-ST-ZIP OZONA, FL 34660

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

Date

Daytime Phone #

Deanna M. V. ... 4/14/00 727-772-0168

CR2E037 (9/99)