

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91335 025 ****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

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 **59-2419863**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BRIAN
232 PINECREST
PALM HARBOR FL 34683

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 **PAINTER, BOBBIE**
 STREET ADDRESS **139 HARBOR DR.**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **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 **SD** Delete
 NAME **FISHER, IRIS**
 STREET ADDRESS **P O BOX 285, 105 LIMETTA**
 CITY-ST-ZIP **OZONA FL 34660**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **TD**
 STREET ADDRESS **Stuart, Rebecca**
 CITY-ST-ZIP **P.O. Box 6767**
OZONA FL 34660

TITLE **D** Delete
 NAME **MAHARA, MARGARET**
 STREET ADDRESS **P O BOX 6767, 12 BAY ST**
 CITY-ST-ZIP **OZONA FL 34660**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HART, NANCY**
 STREET ADDRESS **P O BOX 185, BANANA ST**
 CITY-ST-ZIP **OZONA FL 34660**

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:

Rebecca Stuart **REDACTED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-01

Date

727-789-8711

Daytime Phone #

CR2E037 (10/00)