

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90117 014 \*\*\*\*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: **Howard Jones**  
STREET ADDRESS: **305 Bay St.**  
CITY-ST-ZIP: **Palm Harbor FL 34683**

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

TITLE:  Change  Addition  
NAME: **Wilda Pilson**  
STREET ADDRESS: **P.O. Box 85**  
CITY-ST-ZIP: **Ozona FL 34660**

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

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

TITLE: **TD**  Delete  
NAME: **STUART, REBECCA**  
STREET ADDRESS: **PO BOX 6767**  
CITY-ST-ZIP: **OZONA FL 34660**

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

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)