

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07274

1. Entity Name

DEEP CREEK CIVIC ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90117 024 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 512277

PUNTA GORDA FL 33951-2277

P.O. BOX 512277

PUNTA GORDA FL 33951-2277

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

59-2522813

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

HARRIS, LESLIE
25240 DERRINGER RD
PUNTA GORDA FL 33983

Name CATHERINE GRAUE

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

66 CALLAO STREET

City

PUNTA GORDA

FL

Zip Code

33983

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 *Catherine Graue*

CATHERINE GRAUE, P.D.

4/25/00

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	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, LESLIE	
STREET ADDRESS	25240 DERRINGER RD	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	MCCAY, WILLIAM	
STREET ADDRESS	1446 ST. GEORGE LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAUE, CATHERINE	
STREET ADDRESS	66 CALLAO ST	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, SANDRA	
STREET ADDRESS	25256 DERRINGER RD	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE GRAUE	
STREET ADDRESS	66 CALLAO STREET	
CITY-ST-ZIP	PUNTA GORDA, FL. 33983	
TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY FALKENBERG	
STREET ADDRESS	26434 BARBINOS DR.	
CITY-ST-ZIP	PUNTA GORDA, FL. 33983	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD HOBBS	
STREET ADDRESS	360 MARANON WAY	
CITY-ST-ZIP	PUNTA GORDA, FL. 33983	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY CYR	
STREET ADDRESS	1216 NANTES CT.	
CITY-ST-ZIP	PUNTA GORDA, FL. 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Catherine Graue CATHERINE GRAUE 4/25/00 941-627-2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)