

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10994

1. Entity Name

HOLIDAY LAKES WEST CIVIC ASSOCIATION, INC.

Principal Place of Business

2728 HOLIDAY LAKES DR.  
HOLIDAY FL 34691

Mailing Address

2728 HOLIDAY LAKES DR.  
HOLIDAY FL 34691-6735

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2568881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KILLORIN LUCYLLE G  
1207 JAMBALANA DR  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

BAKER MARJORIE

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

1016 BEGONIA DR

City

HOLIDAY

FL

Zip Code

34691

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 file 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

TITLE VPD  
NAME KILLORIN, LUCYLLE  
STREET ADDRESS 1207 JAMBALANA DR.  
CITY-ST-ZIP HOLIDAY FL 34691 ☒ Delete

TITLE TD  
NAME JACOBI, JOHN F D.  
STREET ADDRESS 1130 MANDARIN DR.  
CITY-ST-ZIP HOLIDAY FL ☐ Delete

TITLE ST  
NAME BAKER, MARJORIE  
STREET ADDRESS 1016 BEGONIA DR  
CITY-ST-ZIP HOLIDAY FL ☐ Delete

TITLE PD  
NAME HASELEY, LOUIS  
STREET ADDRESS 1304 PERSIMMON DR  
CITY-ST-ZIP HOLIDAY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD  
NAME ERNEST CORRADO ☐ Change ☒ Addition  
STREET ADDRESS 1311 PERSIMMON DR  
CITY-ST-ZIP HOLIDAY FL 34691

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

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

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

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

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

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:

JOHN F D JACOBI TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 727 944 3085

FILED  
Apr 17, 2000 8:00 am  
Secretary of State  
04-17-2000 90074 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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