

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14313

1. Entity Name

GREENWOOD CIVIC CLUB, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90080 033 ****61.25

Principal Place of Business

Mailing Address

S.R. 169
GREENWOOD FL 32443

S.R. 169
GREENWOOD FL 32443

2. Principal Place of Business

3. Mailing Address

P.O. Box 389

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Greenwood, Fla.

4. FEI Number

59-2957344

Applied For

Not Applicable

Zip

Country

Zip

Country

32443

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

BLIGHTON, LARRY L.
4167 BRYAN ST
P. O. BOX 271
GREENWOOD FL 32443

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

Larry L. Blighton
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-04-2000

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
NAME BLIGHTON, LARRY
STREET ADDRESS 9167 FORT DR ST
CITY-ST-ZIP GREENWOOD FL 32443 ☐ Delete

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

TITLE TSD
NAME BLIGHTON, LILLIAN
STREET ADDRESS 2176 FORT RD
CITY-ST-ZIP GREENWOOD FL 32943 ☐ Delete

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

TITLE D
NAME MERITA, STANLEY
STREET ADDRESS 5476 FORT RD
CITY-ST-ZIP GREENWOOD FL 32443 ☐ Delete

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

TITLE D
NAME TYUS, SANDRA K
STREET ADDRESS PO BOX 30
CITY-ST-ZIP GREENWOOD FL 32443 ☐ Delete

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

TITLE D
NAME BLIGHTON, SARAH
STREET ADDRESS 4167 BRYAN ST.
CITY-ST-ZIP GREENWOOD FL ☐ Delete

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

TITLE VP
NAME BLIGHTON, ROY C
STREET ADDRESS 5176 FORT RD
CITY-ST-ZIP GREENWOOD FL 32443 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2000

Date

(850)
594-4324
Daytime Phone #

CR2E037 (9/99)