

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91272 003 ****61.25

DOCUMENT # N14313

1. Entity Name

GREENWOOD CIVIC CLUB, INC.

Principal Place of Business

Mailing Address

S.R. 169
 GREENWOOD FL 32443

PO BOX 389
 GREENWOOD FL 32443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2957344

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

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 **BLIGHTON, LARRY**
 STREET ADDRESS **9167 FORT DR ST**
 CITY-ST-ZIP **GREENWOOD FL 32443**

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Sylvia Mercer**
 CITY-ST-ZIP **Blue Springs Rd.**
Greenwood, Fla. 32443

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

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

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

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

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

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: *Lillian Blighton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2002
 Date

(850) 594-1016
 Daytime Phone #

CR2E037 (9/01)