

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16356 *R*

1. Entity Name

FOREST OAKS CIVIC ASSOCIATION, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90397 007 ****61.25

Principal Place of Business

Mailing Address

8101 FOREST OAKS BV
SPRING HILL FL 34606

8101 FOREST OAKS BV
SPRING HILL FL 34606-2408

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

59-2713515

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

RIEBAU, LAURENCE W
10089 CORTEZ BLVD.
SPRING HILL FL 34613

Name

ELIZABETH RYAN, E.A.

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

5330 Spring Hill Drive

Spring Hill

City

FL

Zip Code

34606

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

Elizabeth M. Ryan E.A.

6-23-00.

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 **P** ☐ Delete
NAME **ROCCO, ROSE**
STREET ADDRESS **8189 ENGLISH ELM CIRCLE**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **ET** ☐ Change ☒ Addition
NAME **MARY MUNDY**
STREET ADDRESS **8065 Pagoda Drive**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **VP** ☐ Delete
NAME **SCHILL, NANCY**
STREET ADDRESS **8019 WOODEN DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ Change ☒ Addition
NAME **MARY BARTENOPE**
STREET ADDRESS **8027 Wooden Drive**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **D** ☐ Delete
NAME **BETZ, BETTY**
STREET ADDRESS **8085 ENGLISH ELM CIRCLE**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ Change ☒ Addition
NAME **ED TAYLOR**
STREET ADDRESS **8123 Wooden Drive**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **S** ☐ Delete
NAME **STEWART, THERESA**
STREET ADDRESS **8099 WOODEN DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ Change ☒ Addition
NAME **AL MILONE**
STREET ADDRESS **8039 Wooden Drive**
CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE **D** ☐ Delete
NAME **SEIBEL, HELEN**
STREET ADDRESS **8060 PHILATELIC DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

TITLE **D** ☒ Delete
NAME **COLLIER, ANN**
STREET ADDRESS **7347 ALLEN DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)