

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90086 034 \*\*\*\*61.25

0008191

**DOCUMENT # N16356**

1. Entity Name

**FOREST OAKS CIVIC ASSOCIATION, INC.**

Principal Place of Business

**8101 FOREST OAKS BV  
 SPRING HILL FL 34606**

Mailing Address

**8101 FOREST OAKS BV  
 SPRING HILL FL 34606**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**RYAN, ELIZABETH  
 5330 SPRING HILL DRIVE  
 SPRING HILL FL 34613**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ROCCO, ROSE</b> <b>8189 ENGLISH ELM CIRCLE</b> <b>SPRING HILL FL 34606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>SCHILL, NANCY</b> <b>8019 WOODEN DRIVE</b> <b>SPRING HILL FL 34606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BETZ, BETTY</b> <b>8085 ENGLISH ELM CIRCLE</b> <b>SPRING HILL FL 34606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>STEWART, THERESA</b> <b>8099 WOODEN DRIVE</b> <b>SPRING HILL FL 34606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SEIBEL, HELEN</b> <b>8060 PHILATELIC DRIVE</b> <b>SPRING HILL FL 34606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>COLLIER, ANN</b> <b>7347 ALLEN DRIVE</b> <b>SPRING HILL FL 34606</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VICE PRESIDENT</b> <b>WALTER DEY</b> <b>3418 KNOTT OAKS CIR.</b> <b>SPRING HILL FL 34606</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>AMY BYRNE - SECRETARY</b> <b>8039 WOODEN DR</b> <b>SPRING HILL FL 34606</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>ALYCE CLARK - DIRECTOR</b> <b>8184 PHILATELIC DR</b> <b>SPRING HILL FL 34606</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>MARY TOUT - DIRECTOR</b> <b>8153 ENGLISH ELM CIR</b> <b>SPRING HILL FL 34606</b>

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

3-27-02

Date

Daytime Phone #

CR2E037 (9/01)