

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26328

1. Entity Name

THE LAKE BROOKLYN CIVIC ASSOCIATION, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90106 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6574 BROOKLYN BAY ROAD  
P O BOX 1957  
KEYSTONE HEIGHTS FL 32656

6574 BROOKLYN BAY ROAD  
P O BOX 1957  
KEYSTONE HEIGHTS FL 32656-1957

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

59-2857724

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

HAYHURST, J. G  
6015 KLARE DR.  
KEYSTONE HGTS. FL 32656

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 V ☐ Delete  
NAME MOODY, C.E.  
STREET ADDRESS 6574 BROOKLYN BAY RD  
CITY-ST-ZIP KEYSTONE HGTS. FL

TITLE S ☒ Change ☒ Addition  
NAME BAUMGARDNER, JUDY  
STREET ADDRESS 4639 TANBARK RD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE P ☐ Delete  
NAME HAYHURST, J. G  
STREET ADDRESS 6015 KLARE DR.  
CITY-ST-ZIP KEYSTONE HGTS. FL

TITLE T ☐ Change ☒ Addition  
NAME FARBER, WEBB  
STREET ADDRESS 7193 PLEASANT PT RD  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE S ☒ Delete  
NAME HAYS, MIRA  
STREET ADDRESS 1805 EMORY CIR. S.  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☒ Change ☒ Addition  
NAME CAMPBELL, OWEN  
STREET ADDRESS 6479 HUMOKALLEE RD  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☒ Delete  
NAME DUNN, SAMUEL O  
STREET ADDRESS 4651 HEADLEY ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ Change ☒ Addition  
NAME NELSON, ED  
STREET ADDRESS 6630 WOODLAND DR  
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☐ Delete  
NAME HICKEN, DORIS  
STREET ADDRESS 4793 LANNIE RD.  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☒ Delete  
NAME OWENS, C W  
STREET ADDRESS 6520 WOODLAND DR  
CITY-ST-ZIP KEYSTONE HGTS. FL

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

4-15-00

Date

352-473-7547

Daytime Phone #

CR2E037 (9/99)