

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26328

1. Entity Name

THE LAKE BROOKLYN CIVIC ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

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 HGHTS. FL 32656

Name

Olen Campbell

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

6479 Immokalee Rd

Keystone Heights FL 32656

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

*Olen X Campbell*  
OLEN K. Campbell PRES.

(NOTE: Registered Agent signature required when reinstating)

4-27-01

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 NAME STREET ADDRESS CITY-ST-ZIP	V MOODY, C.E. 6574 BROOKLYN BAY RD KEYSTONE HGTS. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYHURST, J. G 6015 KLARE DR. KEYSTONE HGTS. FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYS, MIRA 1805 EMORY CIR. S. JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, SAMUEL O 4651 HEADLEY ST JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKEN, DORIS 4793 LANNIE RD. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, C W 6520 WOODLAND DR KEYSTONE HGTS. FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hayhurst, J.G. 6015 Klare Dr Keystone Heights FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Farber, Webb POB 355 7193 Pleasant Pt Rd Keystone Heights FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Campbell, Olen 6479 Immokalee Rd Keystone Heights FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Olen X Campbell*  
OLEN K. Campbell PRES.

Date

Daytime Phone #

352-  
473-  
8281

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90932 001 \*\*\*\*61.25

545941



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)