

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27090

1. Entity Name

JASMINE LAKES COMMUNITY & CIVIC ASSOCIATION, INC

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90091 027 ****61.25

Principal Place of Business

7137 JASMINE BLVD
PORT RICHEY FL 34668
US

Mailing Address

7137 JASMINE BLVD
PORT RICHEY FL 34668
US

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

59-2910251

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

SCHRADER, MILDRED L
7607 JASMINE BLVD
PORT RICHEY FL 34668

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 P
NAME GARRINGER, BETTE ☐ Delete
STREET ADDRESS 10321 HONEY SUCKLE LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE S. ☐ Change ☒ Addition
NAME Marie Carltock
STREET ADDRESS 7601 BERGAMOT DR
CITY-ST-ZIP Port Richey, FL 34668

TITLE VP
NAME FERRANO, LUCILLE ☐ Delete
STREET ADDRESS 2024 MIMOSA
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE T
NAME SCHRADER, MILDRED ☐ Delete
STREET ADDRESS 7607 JASMINE BLVD
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE AT
NAME FAHNANSTIEL, JEAN ☐ Delete
STREET ADDRESS 10421 PAULA COURT
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D
NAME PILUPUF, DENNIS ☐ Delete
STREET ADDRESS 7827 PINEAPPLE LANE
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D
NAME COOPER, ALLEN ☒ Delete
STREET ADDRESS 7740 TALISMAN DR
CITY-ST-ZIP PORT RICHEY FL 34668

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:

Mildred L. Schrader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)