

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003531

1. Entity Name

CIVIC ASSOCIATION OF RIO VISTA UTILITIES, INC.

Principal Place of Business

18721 SW 108 STREET
DUNNELLON FL 34432

Mailing Address

P O BOX 817
DUNNELLON FL 34430-0817

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

65-0685545

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

SEREDA, SHIRLEY
18860 SW 110 PL
DUNNELLON FL 34432

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-00

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 SEREDA, SHIRLEY
STREET ADDRESS 18860 SW 110 PLACE
CITY-ST-ZIP DUNNELLON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME KARPOWICH, GAIL
STREET ADDRESS 18758 SW 108 ST
CITY-ST-ZIP DUNNELLON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME CONVERSE, NANCY
STREET ADDRESS 11075 SW 186 CIR
CITY-ST-ZIP DUNNELLON FL 34432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME BURKS, GRACE
STREET ADDRESS 11190 SW 186 CIRCLE
CITY-ST-ZIP DUNNELLON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME REISEN, HARRY
STREET ADDRESS 10943 189 TERRACE
CITY-ST-ZIP DUNNELLON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HEGEDUS, JAMES
STREET ADDRESS 10971 SW 189 TERRACE
CITY-ST-ZIP DUNNELLON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

GRACE BURKS-TREASURER Grace Burks

3-15-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)