

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/24/00-90032-011-\$61.25-\$61.25

DOCUMENT # N98000000926

1. Entity Name

FLAGLER ESTATES CIVIC ASSOCIATION, INC.

FILED

00 JUN 23 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4500 FLAGLER ESTATES BOULEVARD  
HASTINGS FL 32145

P.O. BOX 1212  
HASTINGS FL 32145-1212

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

65-0819053

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

DUPONT, JOYCE H  
899 MILL ST.  
EAST PALATKA FL 32131

Name

SAME

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  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME

STREET ADDRESS  
CITY-ST-ZIP

Dupont Joyce H ☐ Change ☐ Addition

499 Mill St.  
East Palatka, Fl 32131 ☐ Change ☐ Addition

DV Susan Bill ☐ Change ☐ Addition  
499 Mill St.  
East Palatka, Fl. 32131

DS Carie Darling ☐ Change ☐ Addition  
499 Mill St.  
East Palatka Fl. 32131

DT Doris Boone ☐ Change ☐ Addition  
499 Mill St.  
East Palatka, Fl. 32131

DGrady Gilbert DJackie Gilbert ☐ Change ☒ Addition  
Ebert St. Ebert St. Hastings, Fl.  
Hastings, Fl. 32145

D Gene Boone ☐ Change ☒ Addition  
Huskins Ave.  
Hastings, Fl. 32145

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:

JOYCE H. DUPONT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

904-692-1846

Daytime Phone #

CR2E037 (9/99)