

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # N99000002786

1. Entity Name

CRESTVIEW OFFICIALS ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

03-06-2000 90054 046 ****61.25

Principal Place of Business

Mailing Address

3646 POVERTY CREEK ROAD
CRESTVIEW FL 32539

3646 POVERTY CREEK ROAD
CRESTVIEW FL 32539-9747

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

59-3475848

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

CLAY, BRENDA J
3646 POVERTY CREEK ROAD
CRESTVIEW FL 32539

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	CHUCK BONTA	997 ANDERSON ST	CRESTVIEW, FL 32536	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V. PRESIDENT	JACK D. PATTEN	110 ADAMS DR.	CRESTVIEW, FL 32536	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SECRETARY	BRENDA CLAY	3646 POVERTY CREEK RD	CRESTVIEW, FL 32539	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
COMMISSIONER	WILLIAM H. BYRD	6080 WEST DOGWOOD DR.	CRESTVIEW, FL 32536	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *BRENDA J. CLAY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

850-677-6778

Daytime Phone #

Brenda J. Clay

3-23-00

CR2037 (9/99)