

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006145

1. Entity Name

CITRUS PARK COMMUNITY CIVIC ASSOCIATION, INC.

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FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90146 043 ****61.25

Principal Place of Business

14514 DEL VALLE ROAD
TAMPA FL 33625

Mailing Address

PO BOX 644
ODESSA FL 33556

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

☒ 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

JANEZIC, JOSEPH
4815 E. BUSCH BLVD.
SUITE 113
TAMPA FL 33617

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME President
STREET ADDRESS Teresa S. Spivey
CITY-ST-ZIP 7620 Amherst Ave.
Tampa FL 33625

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Janet Hiltz
CITY-ST-ZIP 10902 Honeyhill Drive
Tampa FL 33625

TITLE ☐ Delete
NAME V. P. Betty Crews
STREET ADDRESS 14813 Berkford Ave
CITY-ST-ZIP Tampa FL 33625
Director

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

TITLE ☐ Delete
NAME Treasurer - Director
STREET ADDRESS Cheryl Pulley
CITY-ST-ZIP 7406 Alvina St.
Tampa FL 33625

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

TITLE ☐ Delete
NAME Corr. Secy - Director
STREET ADDRESS Grant Walters
CITY-ST-ZIP 13726 Staghorn Road
Tampa FL 33626

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

TITLE ☐ Delete
NAME Rec. Secy. - Director
STREET ADDRESS Mary Lou Younkin
CITY-ST-ZIP 8905 Promise Dr
Tampa FL 33626

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

TITLE ☐ Delete
NAME Director
STREET ADDRESS Jean Carson
CITY-ST-ZIP 12817 Easy St.
Tampa FL 33625

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.

Teresa S. Spivey

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/2000

813 926-0906

Date

Daytime Phone #

CR2E037 (5/00)