

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2000 90191 034 ***200.00

DOCUMENT # P38025

1. Entity Name

ALABAMA-WEST FLORIDA CIVITAN DISTRICT, INC.

Principal Place of Business

**405 HOUNDS RUN WEST
MOBILE AL 36608
US**

Mailing Address

**405 HOUNDS RUN WEST
MOBILE AL 36608-5416
US**

C0005117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

RT 3 Box 168-D

3. Mailing Address

RT 3 Box 168-D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPP AL

City & State

OPP AL

4. FEI Number

00-0166442

Applied For

Not Applicable

Zip

Country

36467 US

Zip

Country

36467 US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CODONE, JR G
10211 SUGAR CREEK DR
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

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 George Codone, Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	G	<input checked="" type="checkbox"/> Delete
NAME	DURHAM, GORDON	
STREET ADDRESS	405 HOUNDS RUN WEST	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	GE	<input type="checkbox"/> Delete
NAME	BROOKS, GARY	
STREET ADDRESS	ROUTE 3, BOX 168-D	
CITY-ST-ZIP	OPP AL 36467	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALDSON, GLENDA	
STREET ADDRESS	611 CUMMINGS,	
CITY-ST-ZIP	OPP AL 36467	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, CAROLYN	
STREET ADDRESS	2 OFFICE PARK SUITE 411	
CITY-ST-ZIP	MOBILE AL 36609	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, GARY	
STREET ADDRESS	3849 FIELDCREST DRIVE	
CITY-ST-ZIP	MONTGOMERY AL 36111	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHANNON, JO	
STREET ADDRESS	6428 ANGELA COURT	
CITY-ST-ZIP	MOBILE AL 36695	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUE WILLIAMS	
STREET ADDRESS	304 N MAIN ST	
CITY-ST-ZIP	OPP AL 36467	
TITLE	G	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, GARY	
STREET ADDRESS	ROUTE 3 BOX 168-D	
CITY-ST-ZIP	OPP AL 36467	
TITLE	GE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENDA DONALDSON	
STREET ADDRESS	302 N MAIN ST	
CITY-ST-ZIP	OPP AL 36467	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT GOODSON	
STREET ADDRESS	107 W EMERALD DRIVE	
CITY-ST-ZIP	ENTERPRISE AL 36330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON JO	
STREET ADDRESS	6428 ANGELA COURT	
CITY-ST-ZIP	MOBILE AL 36695	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Date

Daytime Phone #

(334) 493-7941

CR2E034 (9/99)