

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90731 039 ****61.25

DOCUMENT # 705101

1. Entity Name

COUNTRY CLUB SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

513 SCHOONER LN
P.O. BOX 8112
LONGBOAT KEY FL 34228

513 SCHOONER LN
P.O. BOX 8112
LONGBOAT KEY FL 34228

80061501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7372818

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAMPBELL, JAMES
513 SCHOONER LANE
LONG BOAT KEY FL 34228

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 **D** ☐ Delete
NAME **SAWYER, J**
STREET ADDRESS **500 YOU LN**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE **TD** ☐ Delete
NAME **CAMPBELL, JAMES**
STREET ADDRESS **513 SCHOONER**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE **S** ☐ Delete
NAME **SPINO, AALLINE**
STREET ADDRESS **608 CUTTER LANE**
CITY-ST-ZIP **LONG BOAT KEY FL 34228**

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

TITLE **D** ☐ Delete
NAME **BOLLA, ROBERT**
STREET ADDRESS **512 SCHOONER LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE **D** ☐ Delete
NAME **ROSE, ALAN**
STREET ADDRESS **548 SCHOONER LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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

TITLE **P** ☐ Delete
NAME **ELLIOT, MYRON DR**
STREET ADDRESS **585 CUTTER LANE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

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.

SIGNATURE:

James Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)