

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90095 012 \*\*\*\*61.25

0092246

**DOCUMENT # 720071**

1. Entity Name

**EAST COVE COMMUNITY CLUB, INC.**



Principal Place of Business

C/O HERB FULLER  
10145 EAST BASS CIR  
INVERNESS FL 34450

Mailing Address

C/O HERB FULLER  
10145 EAST BASS CIR  
INVERNESS FL 34450

2. Principal Place of Business

*EAST COVE Community Club, Inc.*

3. Mailing Address

*10145 BASS Circle*

Suite, Apt. #, etc.

*C/O Herb Fuller*

Suite, Apt. #, etc.

City & State

*INVERNESS FL*

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

*34450*

Country

*FLORIDA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FULLER, HERBERT L**  
**10145 EAST BASS CIRCLE**  
**INVERNESS FL 34450**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **FULLER, HERBERT L**  
STREET ADDRESS **10145 EAST BASS CIR**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **DS** ☐ Delete  
NAME **CAZEAULT, BARBARA**  
STREET ADDRESS **10153 EAST BASS CIR**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ Delete  
NAME **COLLINS, LYLE**  
STREET ADDRESS **10106 EAST BASS CIR**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

*Signature of Herbert L. Fuller*

*4/9/03*

CR2E037 (10/02)