

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90445 044 ****61.25

DOCUMENT # 727011

1. Entity Name

COUNTRY CLUB TOWNHOUSES WEST, INC.

Principal Place of Business

2056 COUNTRYSIDE CIRCLE NORTH
 ORLANDO FL 32804

Mailing Address

2056 COUNTRYSIDE CIRCLE NORTH
 ORLANDO FL 32804

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

59-1609938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ANTHONY, ROBERT W ESQ
 FASSETT, ANTHONY & TAYLOR, P.A.
 14 E. WASHINGTON ST. STE 500
 ORLANDO FL 32801**

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

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **MURRAH, ROBERT L SR**
 CITY-ST-ZIP **903 SUSSEX CLOSE
 ORLANDO FL 32804**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **HATCH, JOHN**
 CITY-ST-ZIP **908 HILLARY CT
 ORLANDO FL 32084**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **RICH, NANCY C**
 CITY-ST-ZIP **905 SUSSEX CLOSE
 ORLANDO FL 32804**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **RUTHERFORD, SYBIL T**
 CITY-ST-ZIP **900 HILLARY CT
 ORLANDO FL 32804**

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
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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:

Sybil T. Rutherford
 Sybil T. Rutherford, Director

3/14/01

407 422-1724

Date Daytime Phone #

CR2E037 (10/00)