

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-09-2002 90008 048 ****70.00

DOCUMENT # 727011

1. Entity Name

COUNTRY CLUB TOWNHOUSES WEST, INC.

Principal Place of Business

Mailing Address

2056 COUNTRYSIDE CIRCLE NORTH
 ORLANDO FL 32804

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

1325 W. Colonial Drive

City

FL

Zip Code

32804

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

After September 13, 2002,
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 PD ☐ Delete
 NAME MURRAH, ROBERT L SR
 STREET ADDRESS 903 SUSSEX CLOSE
 CITY-ST-ZIP ORLANDO FL 32804

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

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

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

TITLE SD TALBOTT ☐ Delete
 NAME TALBOTT, NANCY R.
 STREET ADDRESS 905 SUSSEX CLOSE
 CITY-ST-ZIP ORLANDO FL 32804

TITLE ☒ Change ☐ Addition
 NAME TALBOTT, NANCY R
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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]

9/4/02

407 422-1724

CR2E037 (4/02)