2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90033 023 ****61.25

DOCUMENT # 732268

1. Entity Name

SHOCKLEY HILL CLUB INC.

Principal Place of Business	Mailing Address
20325 BLUE WING ROAD P. O. BOX 583 ALTOONA FL 32702 US	20325 BLUE WING ROAD P. O. BOX 583 ALTOONA FL 32702 US

DO NOT WRITE IN THIS SPACE

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 59-1647615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAWLEY, MARY ANNE
20410 GREEN WING RD
ALTOONA FL 32702

7. Name and Address of New Registered Agent

Name: MARGARET VARROS
Street Address (P.O. Box Number is Not Acceptable): 20244 BLACK DUCK ROAD
City: ALTOONA **FL** Zip Code: 32702

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: Margaret J. Varros 1/13/01
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAWLEY, MARY A 20410 GREEN WING RD ALTOONA FL 32702	XX Delete	P ROSALIE J. BLOYS 20414 GADWALL ROAD ALTOONA, FL 32702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DAVIES, MARGE 20253 BLUE WING RD ALTOONA FL 32702	☐ Delete	S MARGARET J. VARROS 20244 BLACK DUCK ROAD ALTOONA, FL 32702	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROWN, SHARON 20406 BLUE WING RD ALTOONA FL 32702	XX Delete	S FLORENCE WATSON 47220 DEER ROAD ALTOONA, FL 32702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE BLAIR, JAMES 45903 FLORIDA RD ALTOONA FL 32702	XX Delete	TRUSTEE JERRY BURT 41341 TARPON AVE. UMATILLA, FL 32784	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE WATSON, JAMES 47220 DEER RD ALTOONA FL 32702	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE CHAMBERS, BERTHA 47626 BEAR RD ALTOONA FL 32702	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Rosalie J. Bloys 2-28-01 352-669-3635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #