2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90040 019 ****61.25

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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

VARROS, MARGARET
20244 BLACK DUCK ROAD
ALTOONA FL 32702

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLOYS, ROSALIE J. 20414 GADWALL ROAD ALTOONA FL 32702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUSH, CHARLOTTE 20434 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ABDON, MARIE 20405 BLACK DUCK ROAD ALTOONA, FL 32702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WATSON, FLORENCE 47220 DEER ROAD ALTOONA FL 32702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WATSON, FLORENCE 47220 DEER ROAD ALTOONA, FL 32702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BURT, JERRY 41341 TARPON AVENUE UMATILLA FL 32784	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RHEA, DOLORES 20420 GREEN WING ROAD ALTOONA, FL 32702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WATSON, JAMES 47220 DEER RD ALTOONA FL 32702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOYS, ROSALIE 20414 GADWALL ROAD ALTOONA, FL 32702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHAMBERS, BERTHA 47626 BEAR RD ALTOONA FL 32702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIES, MARGIE 20335 BLUE WING ROAD ALTOONA, FL 32702	☒ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Florence Watson 3/21/02 352-669-1923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #