

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744948

1. Entity Name

JEFFERSON CLUB CONDOMINIUM ASSOCIATION, INC.

f

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90107 025 ****61.25

Principal Place of Business 500 N JEFFERSON - H2 SARASOTA FL 34237-5144	Mailing Address 500 N JEFFERSON - H2 SARASOTA FL 34237-5144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2054118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FARR, CAROL A.
 500 N JEFFERSON
 H2
 SARASOTA, FL. FL 34237

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 13, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOCKLEY, SCOTT	
STREET ADDRESS	500 N JEFFERSON	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	PT	<input type="checkbox"/> Delete
NAME	FARR, CAROL	
STREET ADDRESS	500 N. JEFFERSON H-2	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLDT, PHYLLIS	
STREET ADDRESS	500 N. JEFFERSON	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, SHELLY	
STREET ADDRESS	500 N. JEFFERSON	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, JONATHON	
STREET ADDRESS	500 N JEFFERSON	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED 8/18/00 94-366-8862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)