

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747609

1. Entity Name

448 COMMUNITY CLUB, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90015 017 ****61.25

Principal Place of Business	Mailing Address
16024 CR 448 TAVARES FL 32778 US	27651 LOIS DR TAVARES FL 32778-9606 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		28103 Lois Drive	
City & State		City & State	
Tavares		Tavares	
Zip	Country	Zip	Country
32778		Lake	

4. FEI Number	Applied For
59-2008027	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

APPLEBY, STACIE T
27651 LOIS DR
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name
Goode, Judith A
Street Address (P.O. Box Number is Not Acceptable)
28103 Lois Drive
City
Tavares FL Zip Code
32778

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 Judith A. Goode *Judith A. Goode, Treasurer* 4/17/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLARK, MARGUERITE J 28009 LOIS DR TAVARES FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALAI, ELEONORE T 27720 LOIS DR TAVARES FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD APPLEBY, STACIE T 27651 LOIS DR TAVARES FL 32778	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIXON, JIMMIE J 28832 TAMMI DR TAVARES FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Alward, Kenneth L. 28009 Lois Drive Tavares, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brinkman, Irene M. 27627 Lois Drive Tavares, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Goode, Judith A. 28103 Lois Drive Tavares, FL 32778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hixon, Jimmie J. 28832 Tammi Dr. Tavares, FL 32778	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Judith A. Goode *Judith A. Goode, Treasurer* 4/17/00 352-343-7735 (W)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 352-343-0547 (H)

CR2E037 (9/99)