

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751337

1. Entity Name

COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90151 030 ****61.25

Principal Place of Business

Mailing Address

114 COUNTRY CLUB DRIVE
NICEVILLE FL 32578-2006
US

114 COUNTRY CLUB DRIVE
NICEVILLE FL 32578-2006
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2389490

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

Name

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

City

FL

Zip Code

HALSTON, BETTY L
114 COUNTRY CLUB DRIVE
NICEVILLE FL 32578-2006

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	SD	☐ Delete
NAME	GREEN, EDITH	
STREET ADDRESS	112 COUNTRY CLUB DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	☐ Delete
NAME	CHANDLER, STANLEY	
STREET ADDRESS	P O BOX 45	
CITY-ST-ZIP	NICEVILLE FL 32588	
TITLE	PD	☐ Delete
NAME	DERRICK, BETTY	
STREET ADDRESS	113 COUNTRY CLUB DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E037 (9/99)

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:

Elizabeth A. Derrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH A. DERRICK, PRESIDENT

15 Feb 00 (850) 678-2509

Date

Daytime Phone #