

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90271 042 ****61.25

DOCUMENT # 755038

1. Entity Name

ZELLWOOD STATION GOLF ASSOCIATION, INC.

Principal Place of Business

RONALD MUNGER
3803 N CITRUS CIRCLE
ZELLWOOD FL 32798
US

Mailing Address

RONALD MUNGER
3803 N CITRUS CIRCLE
ZELLWOOD FL 32798
US

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

59-2996465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNGER, RONALD
3803 N CITRUS CIRCLE
ZELLWOOD FL 32798

7. Name and Address of New Registered Agent

Name

VERONICA PLUNKARD

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

3712 OLAX CT

City

ZELLWOOD

FL

Zip Code

32798

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

VERONICA PLUNKARD *Veronica Plunkard*

1-8-01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MUNGER, RONALD	
STREET ADDRESS	3803 N CITRUS CIRCLE	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PLUNKARD, VERONICA	
STREET ADDRESS	3712 OLAX COURT	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PRESCOTT, PENNY	
STREET ADDRESS	3416 GREENBLUFF RD.	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIBIASIO, JACKIE	
STREET ADDRESS	3963 PARKWAY RD	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERONICA PLUNKARD	
STREET ADDRESS	3712 OLAX CT	
CITY-ST-ZIP	ZELLWOOD, FL 32798	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY PLUNKARD	
STREET ADDRESS	3712 OLAX CT	
CITY-ST-ZIP	ZELLWOOD, FL 32798	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETH SCHNELL	
STREET ADDRESS	4118 OAK GROVE DR	
CITY-ST-ZIP	ZELLWOOD, FL 32798	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE DIBIASIO	
STREET ADDRESS	3963 PARKWAY RD	
CITY-ST-ZIP	ZELLWOOD, FL 32798	
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:

Veronica Plunkard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

(407) 886-5247

Daytime Phone #

CR2E037 (10/00)