

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90009 019 \*\*\*\*61.25

UBR/3/4

**DOCUMENT # 763407**

1. Entity Name

**CALOOSA COUNTRY CLUB ESTATES PROPERTY OWNERS ASS**

Principal Place of Business

P.O. BOX 5143  
SUN CITY CENTER FL 33571-2143

Mailing Address

P.O. BOX 5143  
SUN CITY CENTER FL 33571-2143

**701232**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2529059**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VERCHOT, JOHN H**  
**1931 EAST VIEW DR**  
**SUN CITY CENTER FL 33573**

Name

Street Ac

**Barron, William**  
**1945 East View Drive**  
**Sun City Center, FL 33573**

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 **William Barron**

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	<b>D</b> <b>RUSSETT, RANDALD</b> <b>1906 WEDGE COURT</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MALARIN, ELIZABETH</b> <b>1904 E VIEW DR</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KELLIBER, DANIEL</b> <b>1803 WEDGE COURT</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>EASTON, ROBERT W</b> <b>1922 EAST VIEW DR</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLADZISZEWSKI, DICK</b> <b>1916 E VIEW DR</b> <b>SUN CITY CENTER FL 32573</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VERCHOT, JOHN</b> <b>1931 E VIEW DR</b> <b>SUN CITY CENTER FL 33573</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Russett, Randal</b> <b>1906 Wedge Court</b> <b>Sun City Center, FL 33573</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Kohn, Noel</b> <b>1934 East View Drive</b> <b>Sun City Center, FL 33573</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Kelliher, Daniel</b> <b>1803 Wedge Court</b> <b>Sun City Center, FL 33573</b>	<input checked="" 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	<b>D</b> <b>Greenaway, William</b> <b>2020 East View Drive</b> <b>Sun City Center, FL 33573</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Barron, William</b> <b>1945 East View Drive</b> <b>Sun City Center, FL 33573</b>	<input checked="" 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: **William Barron, President**

**1/8/2001**

**(813) 642-9079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)