

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90006 030 ***150.00

DOCUMENT # H54886
1. Entity Name
CLUB CHALET COOPERATIVE ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 7880 54TH AVENUE NORTH ST. PETERSBURG FL 33710 US | Mailing Address 7850 ULMERTON ROAD SUITE 1 LARGO FL 34641 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|------------------------------------|---|
| 4. FEI Number 59-2538352 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | | | |
|------------|----------------|------------|----------------|
| Zip | Country | Zip | Country |
|------------|----------------|------------|----------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HOLIDAY ISLES PROPERTY MANAGEMENT
7850 ULMERTON ROAD
SUITE 1
LARGO FL 34641

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete EBNER, RONALD 7880 54TH AVE N, #72 ST. PETERSBURG FL 33709 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete SCHNEK, MARJORIE 7880 54TH AVENUE, #126 ST. PETERSBURG FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <input type="checkbox"/> Delete GISHBAUGHER, PATRICIA 7880 54TH AVENUE, #115 ST. PETERSBURG FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD <input type="checkbox"/> Delete GISHBAUGHER, JACK 7880 54TH AVE N, #194 ST. PETERSBURG FL 33709 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete GISHBAUGHER, JACK 7880 54TH AVENUE, #42 ST. PETERSBURG FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input checked="" type="checkbox"/> Delete STITZ, WAYNE 780 54TH AVE. N. #41 ST. PETERSBURG FL 33709 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| 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 checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Gishbaugh* **16 Jan 02** **727-530-4517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)