

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90070 047 ****61.25

DOCUMENT # N01050

1. Entity Name

EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINI

Principal Place of Business

Mailing Address

221 SOUTH BUCKNER AVE
 UNIT 811
 EVERGLADES CITY FL 34139
 US

P.O. BOX 301
 NEW BOSTON MI 48164-0301

70043704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

221 South Buckner Ave

P. O. Box 5011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Everglades City FL

4. FEI Number

65-0079825

Applied For

Not Applicable

Zip

Country

Zip

Country

34139

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

KUZMICK, KEN
1001 BLACKWOOD STREET
ALTAMONTE SPRINGS FL 32701

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

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 **PD** Delete
 NAME **REAY, RUSSELL**
 STREET ADDRESS **18615 HANNAN ROAD**
 CITY-ST-ZIP **NEW BOSTON MI 48164**

TITLE **PD** Change Addition
 NAME **MEDING, Paul**
 STREET ADDRESS **211 South Buckner Ave Unit 814**
 CITY-ST-ZIP **Everglades City FL 34139**

TITLE **VD** Delete
 NAME **BURRIS, RAY**
 STREET ADDRESS **536 W. PAR STREET**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** Change Addition
 NAME **MILLER, Alton**
 STREET ADDRESS **130 Des Pinar Lane**
 CITY-ST-ZIP **Longwood FL 32750**

TITLE **T** Delete
 NAME **CHOBOT, KERRIE**
 STREET ADDRESS **18615 HANNAN RD**
 CITY-ST-ZIP **NEW BOSTON MI**

TITLE **TS** Change Addition
 NAME **CHOBOT, Kerrie**
 STREET ADDRESS **18615 Hannan Road**
 CITY-ST-ZIP **New Boston MI 48164**

TITLE **PD** Delete
 NAME **KUZMICK, KEN**
 STREET ADDRESS **1001 BLACKWOOD STREET**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** Change Addition
 NAME **KUZMICK, Ken**
 STREET ADDRESS **1001 Blackwood Street**
 CITY-ST-ZIP **Altamonte Springs FL 32701**

TITLE **D** Delete
 NAME **REAY, RUSSELL**
 STREET ADDRESS **18615 HANNAN ROAD**
 CITY-ST-ZIP **NEW BOSTON MI 48164**

TITLE **D** Change Addition
 NAME **SCHMIDT, Peter**
 STREET ADDRESS **221 South Buckner Ave Unit 821**
 CITY-ST-ZIP **Everglades City FL 34139**

TITLE **D** Delete
 NAME **KAUFFMAN, JACK**
 STREET ADDRESS **211 SOUTH BUCKNER AVE., UNIT 824**
 CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **VD** Change Addition
 NAME **KAUFFMAN, Jack**
 STREET ADDRESS **211 South Buckner Ave Unit 824**
 CITY-ST-ZIP **Everglades City FL 34139**

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.

734/

SIGNATURE:

SKINAT **REQUIRED**

March 10, 2000 753-4347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kerrie Chobot

Date

Daytime Phone #

C-1 03/17/99