

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90081 037 ****61.25

0065232

DOCUMENT # N01050

1. Entity Name

EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**221 SOUTH BUCKNER AVE
 UNIT 811
 EVERGLADES CITY FL 34139
 US**

**P.O. BOX 5011
 EVERGLADES CITY FL 34139**

2. Principal Place of Business

3. Mailing Address

**211-221 South Buckner Av
 Suite, Apt. #, etc.**

**4010 Wilson Avenue
 Suite, Apt. #, etc.**

City & State

City & State

Everglades City FL

Sebring, FL

4. FEI Number

65-0079825

Applied For

Not Applicable

Zip

Country

Zip

Country

34139

US

33872

US

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 **MEDING, PAUL**
 STREET ADDRESS **211 S BUCKNER AVE UNIT 814**
 CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **TD** Change Addition
 NAME **Feathers, Mel**
 STREET ADDRESS **4010 Wilson Avenue**
 CITY-ST-ZIP **Sebring, FL 33872**

TITLE **D** Delete
 NAME **REAY, RUSSELL**
 STREET ADDRESS **221 S BUCKNER AVE UNIT # 811**
 CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **D** Change Addition
 NAME **Page, Herb**
 STREET ADDRESS **3912 Eaton Drive**
 CITY-ST-ZIP **Rockford IL 61114**

TITLE **TS** Delete
 NAME **CHOBOT, KERRIE**
 STREET ADDRESS **18615 HANNAN RD**
 CITY-ST-ZIP **NEW BOSTON MI 48164**

TITLE **SD** Change Addition
 NAME **Chobot, Kerrie**
 STREET ADDRESS **221 South Buckner #811**
 CITY-ST-ZIP **Everglades City FL 34139**

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

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

TITLE **D** Delete
 NAME **SCHMIDT, PETER**
 STREET ADDRESS **211 S BUCKNER AVE UNIT 821**
 CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **PD** Change Addition
 NAME **Kauffman, Jack**
 STREET ADDRESS **211 South Buckner #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.

SIGNATURE: *Kerrie Chobot* **REQUIRED** Kerrie Chobot, Secretary 03/20/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)