

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90015 007 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N15197**

1. Entity Name

**FOREST CLUB HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

JOHNNIE B. BYRD, JR.  
121 N. COLLINS ST.  
PLANT CITY FL 33564

JOHNNIE B. BYRD, JR.  
121 N. COLLINS ST.  
PLANT CITY FL 33564

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

**59-2679302**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNNIE B. BYRD JR.  
121 N. COLLINS STREET  
PLANT CITY FL 33564

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, DON 3908 PINE CLUB PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HINES, COLIN 2704 FOREST CLUB DR PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENBLATT, JEFF 2701 PINE CLUB DR PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRENTZ, DOUG 2907 FOREST CLUB DR PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HINES COLIN 2704 FOREST CLUB DR PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEFF ROSENBLATT 2701 PINE CLUB DR PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PARKETER E WILSON JR 2910 PINE CLUB DRIVE PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY THOMAS BERRY 2907 FOREST CLUB DRIVE PLANT CITY, FL 33567	<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		<input 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, but all other like empowered.

SIGNATURE PARKETER E. WILSON JR 2/10/01 813-759-1413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #

CR2E037 (10/00)