

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91125 047 \*\*\*\*61.25

**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

4. FEI Number

**59-2679302**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	PD	<input checked="" type="checkbox"/> Delete
NAME	COUD, HINES	
STREET ADDRESS	2704 FOREST CLUB DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROBENBLATT, JEFF	
STREET ADDRESS	2701 PINE CLUB DR	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, PARKSTER E JR	
STREET ADDRESS	2910 PINE CLUB DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BERRY, THOMAS	
STREET ADDRESS	2800 FOREST CLUB DRIVE	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS GRAY	
STREET ADDRESS	2800 FOREST CLUB DRIVE	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	VICE PRESIDENT, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY BARKER	
STREET ADDRESS	3503 PINE CLUB CT	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	TREASURER, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBENBLATT, JEFFREY	
STREET ADDRESS	2701 PINE CLUB DR	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	SECRETARY, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRIE SPINKS	
STREET ADDRESS	2703 FOREST CLUB DR	
CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reported.

SIGNATURE: *Jeffrey D. Rosenblatt* **JEFFREY D. ROSENBLATT** 4-25-02 813 707-1189  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)