

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90113 024 \*\*\*\*69.00

**DOCUMENT # N36210**

1. Entity Name

**COUNTRY CLUB VILLAS I OF SPRING LAKE HOMEOWNERS'**

Principal Place of Business

JERRY L JACKSON  
 6732 CONCORD ST  
 SEBRING FL 33870  
 US

Mailing Address

COUNTRY CLUB VILLAS  
 P. O. BOX 455  
 LORIDA FL 33857-0455  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3013492**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JERRY L JACKSON  
 6732 CONCORD ST  
 SEBRING FL 33870

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

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEALLIN, ROBERT B</b>	
STREET ADDRESS	<b>7 EASY ST</b>	
CITY-ST-ZIP	<b>SELINGROVE PA 17870</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROCHU, R L</b>	
STREET ADDRESS	<b>702 VILLAWAY</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>BITER, ROBERT</b>	
STREET ADDRESS	<b>82 COUNTRY CLUB RD.</b>	
CITY-ST-ZIP	<b>CRESSON PA 16630</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>JAMES BRIGGS</b>	
STREET ADDRESS	<b>7455 COLONIAL</b>	
CITY-ST-ZIP	<b>DEARBORN HEIGHTS IN 48127</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>GOORMASTIC, JERRY</b>	
STREET ADDRESS	<b>15 CANFIELD CIRCLE</b>	
CITY-ST-ZIP	<b>DEARBORN HEIGHTS MN 48127</b>	
TITLE		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 empowered.

SIGNATURE: *James R. Briggs* **JAMES R. BRIGGS** Y.P. **2/27/00** **863-655-1026**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)