

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000819

1. Entity Name

COUNTRY RUN COMMUNITY ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434 SUITE 5000
LONGWOOD FL 32779-5044
US

Mailing Address

2180 WEST SR 434 SUITE 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART JR., JAMES W

2180 W. SR 434

STE 5000

LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agents signature required when re-registering)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

PD
MCAULIFFE, TERENCE R.

NAME

STREET ADDRESS

CITY-ST-ZIP

1341 G. STREET, NW, SUITE 200
WASHINGTON DC 20005☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1031 E MORSE BLVD STE 270
WINTER PARK FL 32789☒ Change ☐ Addition

TITLE

STD
MCAULIFFE, DOROTHY S

NAME

STREET ADDRESS

CITY-ST-ZIP

1341 G STREET, N.W., SUITE 200
WASHINGTON DC 20005☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1031 W MORSE BLVD STE 270
WINTER PARK FL 32789☒ Change ☐ Addition

TITLE

D
DYER, ALECIA S

NAME

STREET ADDRESS

CITY-ST-ZIP

1341 G STREET, N.W., SUITE 200
WASHINGTON DC 20005☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1031 W MORSE BLVD STE 270
WINTER PARK FL 32789☐ Change ☐ Addition

TITLE

VD
SWANN, CHRISTIAN M.

NAME

STREET ADDRESS

CITY-ST-ZIP

1031 W. MORSE BLVD., SUITE 200
WINTER PARK FL 32789☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

CHRISTIAN M SWANN

3-31-00

Date

Printed Name

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90148 026 ****61.25



DO NOT WRITE IN THIS SPACE