

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90078 005 \*\*\*\*61.25

**DOCUMENT # N93000005809**

1. Entity Name

**MID-FLORIDA BRITTANY CLUB, INC.**

Principal Place of Business

Mailing Address

10396 TIMBERCREST ROAD  
 SPRING HILL FL 34608  
 US

10396 TIMBERCREST ROAD  
 SPRING HILL FL 34608-3352  
 US

2. Principal Place of Business

3. Mailing Address

13062 Sweet Gum Rd

13062 Sweet Gum Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brooksville, FL

Brooksville, FL

Zip

Country

Zip

Country

34613 US

34613 US

4. FEI Number

**NOT APPLICABLE**

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

WAGONER, MIKE  
 10396 TIMBERCREST ROAD  
 SPRING HILL FL 34608

Name: Amber Allen-Hayes  
 Street Address (P.O. Box Number is Not Acceptable): 13062 Sweet Gum Rd  
 City: Brooksville FL Zip Code: 34613

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: Amber Allen-Hayes (Amber Allen-Hayes) DATE: 5/3/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ALBERT	
STREET ADDRESS	13326 STAR RD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHULTHERS, CHARLES	
STREET ADDRESS	14505 SPELLMAN COURT	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WAGONER, MIKE	
STREET ADDRESS	10396 TIMBERCREST ROAD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIRD, PAM	
STREET ADDRESS	1543 S. FREDRICA AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANGERFIELD, PHILLIP	
STREET ADDRESS	16210 DEW DROP LANE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MASON, SHERRY	
STREET ADDRESS	P.O. BOX 554 N/A	
CITY-ST-ZIP	LITHIA FL 33547	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schulthis, Charles	
STREET ADDRESS	14505 Spellman Ct.	
CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANGERFIELD, Phillip	
STREET ADDRESS	14505 Spellman Ct.	
CITY-ST-ZIP	Spring Hill, FL 34610	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBER ALLEN-HAYES	
STREET ADDRESS	13062 Sweet Gum Rd	
CITY-ST-ZIP	Brooksville, FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Felix	
STREET ADDRESS	315 Belle Isle Ave	
CITY-ST-ZIP	Bellaire Beach, FL 33786	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Howell	
STREET ADDRESS	9801 Compass Pt Way	
CITY-ST-ZIP	Tampa, FL 33615	

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: Amber Allen-Hayes (Amber Allen-Hayes) DATE: 5/3/00 352-596-2124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (9/99)