

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000817

1. Entity Name

FIELD CLUB COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 181551  
CASSELBERRY FL 32718-1551

PO BOX 181551  
CASSELBERRY FL 32718-1551

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 59-3374117

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBIN PASTERNAK  
FIELD CLUB COMMUNITY ASSOC.  
628 FIELD CLUB CIR  
CASSELBERRY FL 32707

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 PD  
NAME DAVID ROBB  
STREET ADDRESS 632 FIELD CLUB CIR  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

TITLE VPD  
NAME SCOTT HARPER  
STREET ADDRESS 600 FIELD CLUB CIR  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Delete

TITLE TD  
NAME ROBIN PASTERNAK  
STREET ADDRESS 628 FIELD CLUB CIR  
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME JAMES BELSITO  
STREET ADDRESS 612 FIELD CLUB Circle  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Change ☐ Addition

TITLE VPD  
NAME DOUGLAS BURSUM  
STREET ADDRESS 616 FIELD CLUB Circle  
CITY-ST-ZIP CASSELBERRY FL 32707 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 Belsito*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

407-699 0606

Date

Daytime Phone #

CR2037 (10/00)

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-07-2001 90604 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE