

FILED
Feb 27, 2003 8:00 am
Secretary of State

01-30-2003 90169 014 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
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

☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Pasternak

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

(NOTE: Registered Agent signature required when reinstating)

1-27-03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BELSITO, JAMES	
STREET ADDRESS	612 FIELD CLUB CIRCLE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PHILLIPS, NORMAN	
STREET ADDRESS	616 FIELD CLUB CIRCLE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBIN PASTERNAK	
STREET ADDRESS	628 FIELD CLUB CIR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, SCOTT	
STREET ADDRESS	649 FIELD CLUB CIRCLE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	V	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Secretary <i>(D)</i>	<input checked="" 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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Wester	
STREET ADDRESS	601 Field Club Cir	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	President <i>(D)</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Fernandez	
STREET ADDRESS	652 Field Club Cir	
CITY-ST-ZIP	Casselberry FL 32707	

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:

Robert Pasternak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03

407-699-8277

Date

Daytime Phone #

CR2E037 (10/02)