

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001037

1. Entity Name

THE COUNTRY CLUB OF OCALA PROPERTY OWNERS ASSOCI

Principal Place of Business

Mailing Address

2516 S.W. 27TH AVE
OCALA FL 34474

P.O. BOX 2495
OCALA FL 34478-2495

2. Principal Place of Business

3. Mailing Address

1320 S. E. 25th Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State

Ocala, FL

Zip
34471

Country
USA

Zip

Country

4. FEI Number

59-3518001

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

KIRKPATRICK, KENNETH

2516 S.W. 27TH AVE 1320 SE 25th LOOP
OCALA FL 34474 OCALA, FL 34471

Name

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

1320 S. E. 25th Loop

City

Ocala

FL

Zip Code

34471

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WHITT, TROY
STREET ADDRESS 6858 S.E. 12TH CIR
CITY-ST-ZIP OCALA FL 34480

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

TITLE VD ☒ Delete
NAME COOK, CAROLYN
STREET ADDRESS 1510 S.E. 73RD PLACE
CITY-ST-ZIP OCALA FL 34471

TITLE V/D ☐ Change ☒ Addition
NAME Varner, Sid
STREET ADDRESS 1420 S. E. 73 Pl.
CITY-ST-ZIP Ocala, FL 34480

TITLE SD ☐ Delete
NAME MCCALL, BETH
STREET ADDRESS 7073 S.E. 12TH CIR
CITY-ST-ZIP OCALA FL 34471

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ELLSPERMANN, CARL
STREET ADDRESS 808 S.E. 69TH PLACE
CITY-ST-ZIP OCALA FL 34480

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

TITLE D ☒ Delete
NAME ANDERSON, MILES
STREET ADDRESS 4923 S.E. 41ST CT
CITY-ST-ZIP OCALA FL 34480

TITLE S/D ☐ Change ☒ Addition
NAME Ransome, Maryanne
STREET ADDRESS 7819 S.E. 12th Cir.
CITY-ST-ZIP Ocala, FL 34471

TITLE D ☐ Delete
NAME CAPLAN, BRUCE
STREET ADDRESS 7177 S.W. SR 200
CITY-ST-ZIP OCALA FL 34476

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90054 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)