

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90002 018 \*\*\*\*61.25

**DOCUMENT # N96000001037**

1. Entity Name

**THE COUNTRY CLUB OF OCALA PROPERTY OWNERS ASSOCI**

Principal Place of Business

1320 S.E. 25TH LOOP  
 SUITE 101  
 OCALA FL 34474

Mailing Address

P.O. BOX 2495  
 OCALA FL 34478

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

**59-3518001**

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**  
**1320 S.E. 25TH LOOP**  
**OCALA FL 34474**

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.

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WHITT, TROY<br>6858 S.E. 12TH CIR<br>OCALA FL 34480        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>VARNER, SID<br>1420 S.E. 73 PL.<br>OCALA FL 34471          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MCCALL, BETH<br>7073 S.E. 12TH CIR<br>OCALA FL 34471       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ELLSPERMANN, CARL<br>808 S.E. 69TH PLACE<br>OCALA FL 34480 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RANSOME, MARYANNE<br>7819 S.E. 12TH CIR.<br>OCALA FL 34480 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAPLAN, BRUCE<br>7177 S.W. SR 200<br>OCALA FL 34476         | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Reckdenwald, Richard<br>7927 S. E. 12 Circle<br>Ocala, FL 34480 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 7302 S. E. 12 Circle<br>Ocala, FL 34480                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **SID VARNER**

2/12/01

352/369-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment#  
196000001037

ITEM 10. CONTINUED.....

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | Fuller, Sandy       |
| STREET ADDRESS | 7747 S.E. 12 Circle |
| CITY-ST-ZIP    | Ocala, FL 34471     |

ITEM 11. CONTINUED.....

|                |                      |          |
|----------------|----------------------|----------|
| TITLE          | S/D                  | ADDITION |
| NAME           | Powers, Kathy        |          |
| STREET ADDRESS | 7387 S. E. 12 Circle |          |
| CITY-ST-ZIP    | Ocala, FL 34480      |          |

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