# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 21, 2002 8:00 am**
**Secretary of State**
02-07-2002 90296 021 ****61.25

DOCUMENT # 755038

1. Entity Name

ZELLWOOD STATION GOLF ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~RONALD MUNGER~~ Zellwood Station Golf & Country C | ~~RONALD MUNGER~~ |
| ~~3803 N CITRUS CIRCLE~~ 2126 Spillman Drive | ~~3803 N CITRUS CIRCLE~~ |
| ZELLWOOD FL 32798 | ZELLWOOD FL 32798 |
| US Zellwood FL 32798 | US |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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 59-2996465 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PLUNKARD, VERONICA HARRY
3712 OLAX CT
ZELLWOOD FL 32798

7. Name and Address of New Registered Agent

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 Harry E. Plunkard
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PLUNKARD, VERONICA<br>3712 OLAX CT<br>ZELLWOOD FL 32798 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PLUNKARD, HARRY<br>3712 OLAX COURT<br>ZELLWOOD FL 32798 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SCHNELL, BETH<br>4118 OAK GROVE RD<br>ZELLWOOD FL 32798 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DIBIASIO, JACKIE Jacqueline<br>3963 PARKWAY RD<br>ZELLWOOD FL 32798 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DIBIASIO, JACKIE duplication<br>3963 PARKWAY RD<br>ZELLWOOD FL 32798 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Hites Dennis DP<br>4235 OAK GROVE<br>ZELLWOOD FL 32798 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 REQUIRED Jacqueline DiBiasio 4-01-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JACQUELINE DiBIASIO Treasurer