2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90059 021 ****61.25

DOCUMENT # 710400

1. Entity Name

SEBRING RECREATION CLUB, INC.

Principal Place of Business	Mailing Address
SEBRING RECREATION CLUB 333 POMEGRANATE AVE SEBRING FL 33871 US	SEBRING RECREATION CLUB 333 POMEGRANATE AVE SEBRING FL 33870-3242 US

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: HIGHLANDS	Zip / Country: HIGHLANDS

4. FEI Number 59-1144396 ☐ 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
HUNDLEY, JAMES 3651 HWY 27 S. #60 SEBRING FL 33872	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 James Hundley Pres. James Hundley 3-13-99
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	P HUNDLEY, JAMES 3651 HWY 27 S. #60 SEBRING FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP HUNDLEY, JAMES 3651 HWY 27 S #60 SEBRING, FL. 33870	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRAVES, EVALIN 2900 S. R. 17 N. SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRAVES, EVALIN 2900 S.R. 17 N. SEBRING, FL. 33870	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KNEPP, NOAH 2612 LAKEVIEW DR N.E. SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KNEPP, NOAH 2612 LAKEVIEW DR. N.E. SEBRING, FL. 33870	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BLENNIS, EDWARD 543 OAK AVE SEBRING FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'BLENIS, EDWARD 543 OAK AVE. SEBRING, FL. 33870	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBS, MARGUERITE 626 SCHLOSSER SEBRING FL 33872	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATE, RUTH 1999 CLARADGE AVE. AVON PARK, FL. 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 Hundley James Hundley PRES. 3-13-00 863-382-9421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #