

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-19-2001 90044 023 ****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 33871
 US**

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

59-1144396

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

MAX TATE

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

1999 CLARADGE AVE

City

AVON PARK

FL

Zip Code

33825

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 **Max Tate, President**
 Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reissuing)

March 14, 2001
 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

TITLE	PP	☒ Delete
NAME	HUNDLEY, JAMES	
STREET ADDRESS	3651 HWY 27 S. #60	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	VP	☒ Delete
NAME	GRAVES, EVALIN	
STREET ADDRESS	2900 S. R. 17 N.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	T	☒ Delete
NAME	KNEPP, NOAH	
STREET ADDRESS	2612 LAKEVIEW DR N.E.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	☒ Delete
NAME	O'BLENNIS, EDWARD	
STREET ADDRESS	543 OAK AVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	☐ Delete
NAME	TATE, RUTH	
STREET ADDRESS	1999 CLARADGE AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	☒ Change ☐ Addition
NAME	Max Tate	
STREET ADDRESS	1999 Claradge Ave	
CITY-ST-ZIP	Avon Park, FL 33825	314-0629
TITLE	1st Vice President	☒ Change ☐ Addition
NAME	Dorothy Spellmon	
STREET ADDRESS	1737 E. Robin Ave	
CITY-ST-ZIP	Sebring, FL 33870	382-4743
TITLE	2nd Vice President	☒ Change ☐ Addition
NAME	Betty Simpson	
STREET ADDRESS	4211 Logans Rd	
CITY-ST-ZIP	Sebring, FL 33872	385-2026
TITLE	Treasurer	☒ Change ☐ Addition
NAME	A. Pauline White	
STREET ADDRESS	605 Harmony Dr	
CITY-ST-ZIP	Sebring, FL 33870	385-8400
TITLE	Secretary	☒ Change ☐ Addition
NAME	Mary Roberts	
STREET ADDRESS	6450 Pine St	
CITY-ST-ZIP	Sebring, FL 33870	314-8912
TITLE	Director	☒ Change ☐ Addition
NAME	Robert Barber	
STREET ADDRESS	2740 Weinto Rd	
CITY-ST-ZIP	Sebring, FL 33870	382-8325

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.

A. PAULINE WHITE
 SIGNATURE: **A. Pauline White**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01
 Date

385-8400
 Daytime Phone #

CR2E037 (10/00)