

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710400

1. Entity Name

SEBRING RECREATION CLUB, INC.

FILED

Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90050 005 ****61.25

Principal Place of Business

Mailing Address

SEBRING RECREATION CLUB
333 POMEGRANATE AVE
SEBRING FL 33871

SEBRING RECREATION CLUB
333 POMEGRANATE AVE
SEBRING FL 33871
US

2. Principal Place of Business

333 Pomegranate Ave

3. Mailing Address

333 Pomegranate Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1144396

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TATE, MAX
1999 CLARADGE AVENUE
AVON PARK FL 33825

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 PT
NAME TATE, MAX
STREET ADDRESS 1999 CLARADGE AVE
CITY-ST-ZIP AVON PARK FL 33825
☐ Delete

TITLE 1VPT
NAME SPILLMAN, DOROTHY
STREET ADDRESS 1737 E ROBIN AVE
CITY-ST-ZIP SEBRING FL 33870
☒ Delete

TITLE 2VPT
NAME SIMPSON, BETTY
STREET ADDRESS 4211 LOGUAT RD
CITY-ST-ZIP SEBRING FL 33872
☒ Delete

TITLE T
NAME WHITE, A PAULINE
STREET ADDRESS 605 HARMONY DR
CITY-ST-ZIP SEBRING FL 33870
☐ Delete

TITLE D
NAME TATE, RUTH
STREET ADDRESS 1999 CLARADGE AVE
CITY-ST-ZIP AVON PARK FL 33825
☐ Delete

TITLE D
NAME BARNES, ROBERT
STREET ADDRESS 2740 DE SOTO ROAD
CITY-ST-ZIP SEBRING FL 33870
☐ Delete

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

TITLE 2nd VP
NAME STRAUB, EDWARD
STREET ADDRESS 6750 W. S. 27 NO. J 23
CITY-ST-ZIP SEBRING, FL 33870
☒ Change ☒ Addition

TITLE 1st V.P.
NAME Simpson Betty
STREET ADDRESS 4211 Loguata Rd
CITY-ST-ZIP Sebring FL 33872
☒ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)