

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711605

1. Entity Name  
**COUNTRY CLUB ESTATES CIVIC ASSOCIATION, INC.**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90069 016 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**700 WATERWAY**      **700 WATERWAY**  
**VENICE FL 34285**      **VENICE FLA 34285-2945**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State

4. FEI Number **59-1811586**      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**

**GENTRY, LEO H.**  
**817 CAREFREE**  
**VENICE FL 34285**

Name **LEO H. GENTRY**  
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 *Leo H. Gentry*      DATE **3-31-00**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
ST	FIDUCCIA, VINCENT	625 LEISURE STREET	VENICE FL	<input checked="" type="checkbox"/>	TREASURER	LEO H GENTRY	817 CAREFREE	VENICE, FL 34285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	HOFFMAN, BETTY	702 GREEN CIRCLE	VENICE FL	<input checked="" type="checkbox"/>	PRESIDENT	JOHN COIL	640 GREEN CIRCLE	VENICE, FL 34285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	OWENS, JIM	820 GREEN CIRCLE	VENICE FL	<input checked="" type="checkbox"/>	V. PRES.	NED SCHWANTZ	746 GREEN CIRCLE	VENICE, FL 34285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRD	COIL, JOHN	640 GREEN CIRCLE	VENICE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GARLAND, BETTY	730 WATERWAY STREET	VENICE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Leo H. Gentry*      **REQUIRED**

DATE: **3-31-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREE037 (9/99)