

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

03-25-2002 90111 005 ****61.25

DOCUMENT # 711605

1. Entity Name

COUNTRY CLUB ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

**700 WATERWAY
 VENICE FL 34285**

Mailing Address

**700 WATERWAY
 VENICE FL 34285**

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

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

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

Name **SALLY A. MERRITT**

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

826 CAREFREE

City **VENICE**

FL

Zip Code **34285**

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

Sally A. Merritt
 Signature, typed or printed name of registered agent and title if applicable

SALLY A. MERRITT

(NOTE: Registered Agent signature required when reinstating)

3/11/02

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 **T** ☒ Delete
 NAME **GENTRY, LEO H**
 STREET ADDRESS **817 CAREFREE**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☐ Change ☒ Addition
 NAME **JEAN PRICE**
 STREET ADDRESS **864 S. Green Cir**
 CITY-ST-ZIP **VENICE, FL 34285**

TITLE **P** ☐ Delete
 NAME **COIL, JOHN**
 STREET ADDRESS **640 GREEN CIR**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☒ Change ☐ Addition
 NAME **JOHN COIL**
 STREET ADDRESS **640 N. Green Cir**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **VP** ☐ Delete
 NAME **SCHWANZ, NED**
 STREET ADDRESS **748 GREEN CIR**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☒ Change ☐ Addition
 NAME **NED SCHWANZ**
 STREET ADDRESS **748 N. Green Cir**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **PRD** ☒ Delete
 NAME **COIL, JOHN**
 STREET ADDRESS **640 GREEN CIRCLE**
 CITY-ST-ZIP **VENICE FL**

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

TITLE **D** ☐ Delete
 NAME **PARKS, PEGGY**
 STREET ADDRESS **822 BOGIE**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☒ Change ☐ Addition
 NAME **PEGGY PARKS**
 STREET ADDRESS **822 BOGIE**
 CITY-ST-ZIP **VENICE, FL 34285**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **SALLY A. MERRITT**
 STREET ADDRESS **826 Carefree**
 CITY-ST-ZIP **VENICE FL 34285**

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:

Sally A. Merritt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALLY A. MERRITT

3/11/02

Date

941-412-0687

Daytime Phone #

CR2E037 (9/01)