

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90003 047 ****61.25

DOCUMENT # 712844

1. Entity Name

UNIT 3-COUNTRY CLUB SHORES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~513 HORNBLLOWER LANE
 LONGBOAT KEY FL 34228
 US~~

P.O. BOX 8044
 LONGBOAT KEY FL 34228-8044
 US

2. Principal Place of Business

3. Mailing Address

501 HORNBLLOWER LANE

P.O. Box 8044

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LONGBOAT KEY FL

LONGBOAT KEY, FL

4. FEI Number

59-1232084

Applied For

Not Applicable

Zip

Country

Zip

Country

34228

SARASOTA

34228

FLORIDA

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

~~FRASIER, FRANK
 524 HORNBLLOWER LANE
 LONGBOAT KEY FL 34228~~

Name *DAVID CALLENDER*

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

549 OUTRIGGER LANE

City

LONGBOAT KEY, FL

Zip Code

34228

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	PD	<input type="checkbox"/> Delete
NAME	ROEBLING, RIPLEY W	
STREET ADDRESS	501 HORNBLLOWER LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TVPD	<input checked="" type="checkbox"/> Delete
NAME	FRASIER, FRANK	
STREET ADDRESS	524 HORNBLLOWER LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, DIANE	
STREET ADDRESS	549 HORNBLLOWER LANE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID CALLENDER	
STREET ADDRESS	549 OUTRIGGER LANE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETSY HENNING	
STREET ADDRESS	560 OUTRIGGER LANE	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY BERNAS	
STREET ADDRESS	549 GUNWALE LANE	
CITY-ST-ZIP	LONGBOAT KEY, FL - 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

DAVID CALLENDER SIGNED **DAVID CALLENDER** 4/7/00

Date

Daytime Phone #

941-387-3250

CR2E037 (9/99)