

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

0074988

**DOCUMENT # 712844**

1. Entity Name

**UNIT 3-COUNTRY CLUB SHORES ASSOCIATION, INC.**

03-01-2001 91345 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~501 HORNBLOWER LANE~~  
 LONGBOAT KEY FL 34226  
 US

P.O. BOX 8044  
 LONGBOAT KEY FL 34228  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**549 GUNWALE LANE**

Suite, Apt. #, etc.

**LONGBOAT KEY, FL.**

City & State

**34228**

4. FEI Number

**59-1232084**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34228**

**SARASOTA**

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

**CALLENDER, DAVID**  
**549 OUTRIGGER LANE**  
**LONGBOAT KEY FL 34228**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERRY BERNAS 549 GUNWALE LANE LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STAN LEVSKY 537 GUNWALE LANE LONGBOAT KEY, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVID CALLENDER 549 OUTRIGGER LANE LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEJSY HENNING 560 OUTRIGGER LANE LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*DAVID CALLENDER*  
**DAVID CALLENDER** 2/24/01

Date

Daytime Phone #

944-387-3250

CR2E037 (10/00)