2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 27, 2001 8:00 am § Secretary of State DOCUMENT # 713398 1. Entity Name SEBRING COUNTRY ESTATES CIVIC ASSOCIATION, INC. 03-27-2001 90016 018 ****61.25 Mailing Address Principal Place of Business 3240 GRAND PRIX DRIVE 3240 GRAND PRIX DRIVE SEBRING FL 33872 SEBRING FL 33872 2. Principal Place of Business 3240 Should Prin 3. Mailing Address 3240 Lea 1. Prid Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-6206111 ebun Not Applicable ebring \$8.75 Additional Country Country 5. Certificate of Status Desired 33872 Fee Required 33872 S.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEWIS, SUSAN B 1503 CORVETTE AVE SEBRING FL 33872 Zip Code City FL 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HAWKINS, JACK NAME STREET ADDRESS STREET ADDRESS 1218 FOREST RD. CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 Delete ☐ Change Addition TITLE TIT! F JUANITA SUTFINAZIO 3012 PARKWOOD RD SEBRING, FL 33672 NAME HICKMAN, DONALD STREET ADDRESS STREET ADDRESS 1512 CORVETT AVE. CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 ☐ Addition Change TITLE ☐ Delete TITLE PLATTNER, DOROTHY NAME NAME 3411 ASTON MARTIN SEBRING FL 33F72 STREET ADDRESS STREET ADDRESS 3411 ASTON MARION CITY-ST-7IP CITY-ST-ZIP **SEBRIDGE FL 33872** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME RIVERA, SAM STREET ADDRESS STREET ADDRESS 1312 CORVETTE AVE CITY-ST-ZIP CITY-ST-7IP SEBRING FL 33872 Change ☐ Addition Delete TITLE TITLE NAME NAME TUCKER, J.B. STREET ADDRESS STREET ADDRESS 3260 GRAND PRIX DRIVE CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 Change ☐ Addition TITL F ☐ Delete TITLE NAME LEWIS, SUSAN B NAME STREET ADDRESS STREET ADDRESS 1503 CORVETTE AVE CITY-ST-ZIP SEBRING FL 33872 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

FILED

863-314-9315