## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # 717609** Feb 24, 2000 8:00 am Secretary of State 1. Entity Name COUNTRY CLUB ESTATE CIVIC ASSOCIATION, INC. 02-24-2000 90033 031 \*\*\*\*61.25 Principal Place of Business Mailing Address 12707 COLLEGE HILL DRIVE 12707 COLLEGE HILL DRIVE HUDSON FL 34667-1821 HUDSON FL 34667-1821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4.º FEL Number 59-2929197 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STINDEAN ROBERT N. Street Address (P.O. Box Number is Not Acceptable) KELLEY, JAMES F. JR 12614 College Hill Drive 12802 COLLEGE HILL DR HUDSON FL 34667 City Zip Code 34667 HUDSON 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. 导致 肾气 体部 February 8, 2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change TITLE TITLE Delete Sundean, Robert N NAME SUNDEAN, ROBERT N 12514 College Hill Dr. NAME 12614 COLLEGE HILL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34667 CITY-ST-ZIP Hudson Fl. 34667 ☐ Addition Delete TITLE Change TITLE THOMPSON, HOWARD 7408 PRINCETON DR. COBB, MARY NAME NAME STREET ADDRESS STREET ADDRESS 12814 SPRING AVE CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 HUDSON FL-34667 Change ☐ Addition TITLE TITLE □ Delete SPRANG, DOVIE F NAME NAME STREET ADDRESS STREET ADDRESS 7410 PRINCETON DR CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 **X**Addition X Delete TALMADGE, CHERYL TITLE ☐ Change TITLE 7100 COUNTRY CLUB DRIVE DICKESON, ROBERT NAMÉ NAME STREET ADDRESS STREET ADDRESS 7405 PRINCETON DRIVE HUDSON, FL 34667 CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 Addition ☐ Change TITLE **□K**Delete TITLE NAME SERIO, BEVERLY NAME CHAMBERS, SHARON STREET ADDRESS STREET ADDRESS 12904 SPRING AVE 12611 COLLEGE HILL DR. CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL** <u> HUDSON, FL 34667</u> 🟹 Delete TITLE ☐ Change **X** Addition THOMPSON, HOWARD MARTIN, ROSEMARIE NAME NAME STREET ADDRESS 12710 SOCIAL DR. STREET ADDRESS 7408 PRINCETON DR CITY-ST-ZIP CITY-ST-ZIP |HUDSON FL 34667 HUDSON FL 34667 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 the corporation or an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DELEGATION TO DESCRIPTION OF DESCRIPTION OF