

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723590

1. Entity Name

THE LAKE WEIR COMMUNITY CLUB, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90105 042 ****61.25

Principal Place of Business

11790 SE 98TH COURT
BELLEVUE FL 32620

Mailing Address

14840 S.E. 103 AVE
SUMMERFIELD FL 34491-3755
US

2. Principal Place of Business

3. Mailing Address

10370 SE 148 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUMMERFIELD FLORIDA

4. FEI Number

59-1939522

Applied For

Not Applicable

Zip

Country

Zip

Country

34491

MARION

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

RUTH E MATWIJKOW
10370 SE 148 ST
SUMMERFIELD FL 34491

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

Ruth E. Matwijkow 2-23-00

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 ~~DP~~ VICE PRESIDENT ☒ Delete
NAME KAEMMERLEN, ELIZABETH
STREET ADDRESS 10450 SE 148 ST.
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE PRESIDENT ☒ Change ☒ Addition
NAME JAMES KIRBY
STREET ADDRESS 12315 SE 130 CT
CITY-ST-ZIP OCKLAWAHA FL 32183

TITLE ~~PBM~~ ☒ Delete
NAME CANNON, ARTHUR L
STREET ADDRESS 14840 SE 103 AVE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE DIRECTOR ☐ Change ☒ Addition
NAME ANN BELHUMER
STREET ADDRESS 10451 TIMUCKAN RD.
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ~~PBM~~ ☒ Delete
NAME LESLIE C GARLOCK
STREET ADDRESS 10370 SE 148TH ST
CITY-ST-ZIP SUMMERFIELD FL

TITLE DIRECTOR ~~IDA~~ ☐ Change ☒ Addition
NAME IDA DAVIS
STREET ADDRESS 12315 SE 130 CT
CITY-ST-ZIP OCKLAWAHA FL 32183

TITLE ~~DBM~~ ☒ Delete
NAME WEMPLE, WILLIAM C
STREET ADDRESS 4655 SE 166 ST
CITY-ST-ZIP SUMMERFIELD FL 34492

TITLE DIRECTOR ☐ Change ☒ Addition
NAME LU MORAN
STREET ADDRESS 9842 SE 166 ST
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ~~T~~ ☐ Delete
NAME ORYL, MICHAEL
STREET ADDRESS 12701 SE 143RD AVE
CITY-ST-ZIP OCKLAWAHA FL 32183

TITLE ~~EDNA RICHARDS~~ ☐ Change ☒ Addition
NAME EDNA RICHARDS
STREET ADDRESS 9842 SE 166 ST
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ~~DS~~ ☐ Delete
NAME MATWIJKOW, RUTH
STREET ADDRESS 10370 SE 148 ST
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ~~ELIZABETH KAEMMERLEN~~ ☐ Change ☐ Addition
NAME ELIZABETH KAEMMERLEN
STREET ADDRESS 10450 SE 148 ST
CITY-ST-ZIP SUMMERFIELD FL 34491

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 REQUIRED

Ruth E. Matwijkow 2-23-00 288-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200017 (3/99)