

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90207 003 \*\*\*\*61.25

**DOCUMENT # 723590**

1. Entity Name

**THE LAKE WEIR COMMUNITY CLUB, INC.**

Principal Place of Business

**11790 SE 98TH COURT  
 BELLEVUE FL 32620**

Mailing Address

**10370 SE 148 ST  
 SUMMERFIELD FL 34491  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1939522**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

*Ruth E. Matwijkow*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Feb. 20, 2001*

**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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **KIRBY, JAMES**  
 CITY-ST-ZIP **12315 SE 130 CT  
 OCKLAWAHA FL 32183**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BELHUMEUR, ANN**  
 CITY-ST-ZIP **10451 TIMUCUAN RD  
 SUMMERFIELD FL 34491**

TITLE ☒ Change ☐ Addition  
 NAME **TREASURER**  
 STREET ADDRESS **ANN BELLEHUMER**  
 CITY-ST-ZIP **10451 TIMUCUAN RD.  
 SUMMERFIELD FL. 34491**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DAVIS, IDA**  
 CITY-ST-ZIP **12315 SE 130 CT  
 OCKLAWAHA FL 32183**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MORAN, LU**  
 CITY-ST-ZIP **9842 SE 166 ST  
 SUMMERFIELD FL 34491**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **RICHARD GARLOCK**  
 CITY-ST-ZIP **11455 SE 71 CT  
 BELLEVUE FL. 34420**

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

TITLE ☐ Change ☒ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **LESLIE GARLOCK**  
 CITY-ST-ZIP **10370 SE 148 ST  
 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:

*Ruth Matwijkow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/10/01*

Daytime Phone #

*(352) 284-3360*

CR2E037 (10/00)