

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733190

1. Entity Name

CHARLIE CREEK COMMUNITY CO-OP, INC.

Principal Place of Business

Mailing Address

1252 BLUE JAY RD
ZOLFO SPRINGS FL 33890

1252 BLUE JAY RD
ZOLFO SPRINGS FL 33890-5011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHIDLER, HARRY
1252 BLUE JAY RD.
ZOLFO SPRINGS FL 33890

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

Harry Shidler

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
P
SHIDLER, HARRY
1252 BLUE JAY RD
ZOLFO SPRINGS FL 33890 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHIDLER, VIVIAN
1252 BLUE JAY RD
ZOLFO SPRINGS FL 33890 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
THOMPSON, ERMA
1230 MOCKINGBIRD RD
ZOLFO SPRINGS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HANDLEY, DONALD
1043 MOCKINGBIRD RD
ZOLFO SPRINGS FL 33890 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUTZ, ROBERT
1033 MOCKINGBIRD RD
ZOLFO SPRINGS FL 33890 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENRY, AMIEL
1223 MOCKINGBIRD RD.
ZOLFO SPRINGS FL 33890 ☐ Delete

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

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

SIGNATURE:

Harry Shidler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

773 3979

863

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90015 021 ****61.25

00019330



DO NOT WRITE IN THIS SPACE