

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**  
 01-26-2001 90058 009 \*\*\*\*61.25

**DOCUMENT # 733190**

1. Entity Name

**CHARLIE CREEK COMMUNITY CO-OP, INC.**

Principal Place of Business

**1252 BLUE JAY RD  
 ZOLFO SPRINGS FL 33890**

Mailing Address

**1252 BLUE JAY RD  
 ZOLFO SPRINGS FL 33890**

**904292**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

*Handwritten signature: HARRY SHIDLER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten: 778 8979*  
 Date: 1-16-01 Daytime Phone: 778 8979

CR2E037 (10/00)