

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90020 021 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WAUCHULA, FL**

City & State

**WAUCHULA, FL**

Zip

Country

**33873**

Zip

Country

**33873**

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **WAUCHULA, FL 33873**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **WAUCHULA, FL 33873**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **WAUCHULA, FL 33873**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **WAUCHULA, FL 33873**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **WAUCHULA, FL 33873**

TITLE **D** ☐ Delete  
NAME **GILBERT, KENNETH**  
STREET ADDRESS **1060 MOCKINGBIRD RD**  
CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **WAUCHULA, FL 33873**

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: **Nancy E. H. Blum**

CR2E037 (10/02)