

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735094

1. Entity Name

FELLS COVE ESTATES CABANA CLUB, INC.

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90029 022 ****61.25

0062688

Principal Place of Business

Mailing Address

5055 S KALIGA DR.
ST CLOUD FL 34771

5055 S KALIGA DR.
ST CLOUD FL 34771

0 2 1 6 2 5

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2957539

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

BLAYLOCK, JANE H.
5055 S. KALIGA DR
ST. CLOUD FL 34771

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PERRITTE, SONNY
5094 N KALIGA DR
SAINT CLOUD FL 34771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Pres.
George Brown
5065 N. Kaliga Dr.
St. Cloud, FL 34771 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BLAYLOCK, JANE
5055 S. KALIGA DR
ST CLOUD, FL 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'HIGGINS, KEN
5098 S. KALIGA DR.
ST CLOUD, FL 00000 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
R. J. Simons
S. Kaliga Dr.
St. Cloud, FL 34771 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLAYLOCK, FLOYD
5055 S. KALIGA DR.
ST CLOUD, FL 00000 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Niki MARTZ
S. Kaliga Dr.
St. Cloud, FL 34771 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Deborah BAYS
5101 S. Kaliga Dr.
St. Cloud ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
TERRY MILES
5064 S. Kaliga Dr.
St. Cloud, FL 34771 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane H. Blaylock 2-10-01 407-892-5343

Date

Daytime Phone #

CR2E037 (10/00)