

# 2000 UNIFORM BUSINESS REPORT (UBR)

092000

DOCUMENT # 737393

1. Entity Name

CHEROKEE PARK ADULT RECREATION CENTER, INC.

FILED

00 SEP 25 AM 9:20

Principal Place of Business

5641 SE 113 PL  
BELLEVUE FL 34421  
US

Mailing Address

PO BOX 1771  
BELLEVUE FL 34421

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3310999

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

Name

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

City

FL

Zip Code

ROBERTSON, WHITNEY  
11617 S.E. 55 AVE RD  
BELLEVUE FL 34420

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

After September 13, 2000 min. will be \$236.25

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 D  
NAME WITTENZELLNER, HAZEL  
STREET ADDRESS 13513 SW 43 CIR  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE P  
NAME KERSEY, FRANK  
STREET ADDRESS 5203 SE 10TH PL  
CITY-ST-ZIP BELLEVUE FL 34420 ☐ Delete

TITLE D  
NAME ROBERTSON, MARJORIE  
STREET ADDRESS 11617 SE 55 AVE RD  
CITY-ST-ZIP BELLEVUE FL ☐ Delete

TITLE V  
NAME MANZELLA, BERNICE  
STREET ADDRESS 11585 SE 71 TERR RD  
CITY-ST-ZIP BELLEVUE FL ☐ Delete

TITLE D  
NAME BIANCO, HELEN  
STREET ADDRESS 11725 SE 59 AVE  
CITY-ST-ZIP BELLEVUE FL ☐ Delete

TITLE ST  
NAME BROWN, PAULA A  
STREET ADDRESS 5814 SE DREW RD  
CITY-ST-ZIP BELLEVUE FL 34420 ☐ Delete

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  
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STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

900003418049-8  
-10/09/00--01014--009  
\*\*\*\*236.25 \*\*\*\*236.25

Paula A. Brown See Pres 9-18-2000 352-347-7391