

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90035 002 ****61.25

DOCUMENT # 737393

1. Entity Name

CHEROKEE PARK ADULT RECREATION CENTER, INC.

Principal Place of Business

5641 SE 113 PL
 BELLEVUE FL 34421
 US

Mailing Address

PO BOX 1771
 BELLEVUE FL 34421

C0016443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

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

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

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

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

TITLE **PRES** ☒ Change ☐ Addition
 NAME **PAULA A. BROWN**
 STREET ADDRESS **5814 SE DREW RD**
 CITY-ST-ZIP **BELLEVUE FL 34420**

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

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

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

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

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

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

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

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

Paula A. Brown, Pres. - Treas.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)