

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738718

1. Entity Name

TITUSVILLE CORVETTE CLUB, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90121 048 ****61.25

Principal Place of Business

3173 FAIRVIEW DR
MELBOURNE FL 32934
US

Mailing Address

P. O. BOX 3036
TITUSVILLE FL 32781-3036
US

2. Principal Place of Business

7265 WINDOVER WAY
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

City & State

Zip

32780

Country

US

Country

4. FEI Number

59-1743414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, GEORGE E
3173 FAIRVIEW DR
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name

JESSE L. HARRIS

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

7265 WINDOVER WAY

City

TITUSVILLE

FL

Zip Code

32780

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]

JESSE L. HARRIS, PRES.

1/4/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GEORGE E	
STREET ADDRESS	3173 FAIRVIEW DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, RUSTY	
STREET ADDRESS	3365 MELODY LN	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAAS, HENRY	
STREET ADDRESS	5095 RIVEREDGE DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JESSE	
STREET ADDRESS	7265 WINDOVER WAY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLIFFORD, IRENE	
STREET ADDRESS	1350 KILLEARN DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSE L. HARRIS	
STREET ADDRESS	7265 WINDOVER WAY	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELLA L. GAY	
STREET ADDRESS	463 GUAYA AVE	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBY M. GRISSOM	
STREET ADDRESS	4500 HICKORY HILL BLVD	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSE L. HARRIS, PRES

Date

1/4/00

Daytime Phone #

(321) 861-0733

CR2E037 (9/99)