

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90007 019 ****61.25

0001705

DOCUMENT # 757414

1. Entity Name

PINE TERRACE IMPROVEMENT CLUB, INC.

Principal Place of Business

**2900 E LAKE HARTRIDGE
 WINTER HAVEN FL 33881-1934**

Mailing Address

**2930 E LK HARTRIDGE DR
 WINTER HAVEN FL 33881
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2081549

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BARNES, JEFF
 2930 LAKE HARTRIDGE DR. EAST
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> Delete
NAME	BARNES, JEFF	
STREET ADDRESS	2930 LK HARTRIDGE DR EAST	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHEMMER, GARY	
STREET ADDRESS	2900 LK HARTRIDGE DR EAST	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARNES, CINDY	
STREET ADDRESS	2930 LK HARTRIDGE DR E	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEMMER, BETSEY	
STREET ADDRESS	2900 LAKE HARTRIDGE DR., EAST	
CITY-ST-ZIP	WINTER HAVEN FL 33381	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGGIN, MELBA	
STREET ADDRESS	1016 INMAN TERR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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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: *Jeff Barnes* **Jeff Barnes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 **863 294-5995**

Date

Daytime Phone #

CR2E037 (10/00)