

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760919

1. Entity Name

BRIAR CREEK SOCIAL CLUB COMMUNITY NO. 2, INC.

Principal Place of Business

175 CLUBVIEW DR
SAFETY HARBOR FL 34695
US

Mailing Address

175 CLUBVIEW DR
SAFETY HARBOR FL 34695-4630
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2121723

Applied For

Not Applicable

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

STORZ, LEONARD A
176 CLUBVIEW DR.
SAFETY HARBOR FL 34695

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

LEONARD A STORZ

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 DD ☐ Delete
NAME JONES, EDITH
STREET ADDRESS 197 CLUBVIEW DR.
CITY-ST-ZIP SAFETY HARBOR FL 34695

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

TITLE PD ☐ Delete
NAME GROENING, ROBERT
STREET ADDRESS 100 NATURES TRAIL
CITY-ST-ZIP SAFETY HARBOR FL 34695

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

TITLE VD ☐ Delete
NAME MCGLOSSON, DOROTHY
STREET ADDRESS 84 RED FOX RUN
CITY-ST-ZIP SAFETY HARBOR FL 34695

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

TITLE TD ☐ Delete
NAME HOCH, MAE RUTH
STREET ADDRESS 84 HICKORY BRANCH LANE
CITY-ST-ZIP SAFETY HARBOR FL 34695

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

TITLE SD ☐ Delete
NAME SMITLEY, CAROL
STREET ADDRESS 144 BRIAR CREEK BLVD.
CITY-ST-ZIP SAFETY HARBOR FL 34695

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

TITLE SD ☐ Delete
NAME BECK, MARY ALICE
STREET ADDRESS 91 LAURELWOOD DR.
CITY-ST-ZIP SAFETY HARBOR FL 34695

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:

Mae Ruth Beck

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90142 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)