**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 30, 2002 8:00 am **DOCUMENT # 760919 Secretary of State** 1. Entity Name BRIAR CREEK SOCIAL CLUB COMMUNITY NO. 2, INC. 01-30-2002 90129 009 \*\*\*\*61.25 Principal Place of Business Mailing Address 175 CLUBVIEW DR 151 CLUBVIEW DDR SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2121723 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ 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) **DOONEY, ROBERT** 31 HONEYSUCKLE CRT SAFETY HARBOR FL 34695 Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П **Department of State** Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. .PD TITLE Change ☐ Addition TITLE ☐ Delete COONEY, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 31 HONEYSUCKLE CRT CITY-ST-ZIP CITY-ST-7IP SAFETY HARBOR FL 34695 DPE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITLEY, CARO NAME STREET ADDRESS STREET ADDRESS 144 BRIAR CREEK BLVD CITY-ST-ZIP CITY-ST-7IP SAFETY HARBOR FL 34695 1VPD TITLE □ Delete TITLE Change ☐ Addition O'CONNOR, ED NAME NAME STREET ADDRESS 137 PINEWOOD TER STREET ADDRESS CITY-ST-7IP CITY-ST-7IP SAFETY HARBOR FL 34695 DRS ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HAINES. JOSEPH NAME STREET ADDRESS 134 VINEWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 DCS ☐ Delete TITLE Change Addition TITLE NAME SOLLINGER, DOT NAME STREET ADDRESS STREET ADDRESS 88 LAURELWOOD DR CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 TD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME HENRY, LARRY NAME STREET ADDRESS STREET ADDRESS 151 CLUBVIEW DR CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695

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