2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90165 037 ****61.25

DOCUMENT # 760919

1. Entity Name
BRIAR CREEK SOCIAL CLUB COMMUNITY NO. 2, INC.

Principal Place of Business	Mailing Address
175 CLUBVIEW DR SAFETY HARBOR FL 34695 US	~~151~~ 153 CLUBVIEW DDR SAFETY HARBOR FL 34695 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	153 CLUBVIEW DR Suite, Apt. #, etc.
City & State	City & State: SAFETY HARBOR FL
Zip / Country	Zip: 34695 / Country: USA

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
~~DOONEY, ROBERT~~ ~~31 HONEYSUCKLE CRT~~ ~~SAFETY HARBOR FL 34695~~	Name: CAROL A SMITLEY Street Address (P.O. Box Number is Not Acceptable): 144 BRIAR CREEK BLVD. City: SAFETY HARBOR FL FL Zip Code: 34695

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carol A. Smitley — Aug 15, 03
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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COONEY, ROBERT 31 HONEYSUCKLE CRT SAFETY HARBOR FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DPE~~ PD SMITLEY, CARO 144 BRIAR CREEK BLVD SAFETY HARBOR FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ DPE O'CONNOR, ED 137 PINEWOOD TER SAFETY HARBOR FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DRS HAINES, JOSEPH 134 PINEWOOD DR SAFETY HARBOR FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DRS ARLENE LAMBERT 90 NATURES TRAIL SAFETY HARBOR FL 34695 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCS SOLLINGER, DOT 88 LAURELWOOD DR SAFETY HARBOR FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HENRY, LARRY 151 CLUBVIEW DR SAFETY HARBOR FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARSHA BOWLBY 153 CLUBVIEW SAFETY HARBOR, FL 34695 ☒ Change ☐ Addition

CR2E037 (4/03)

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: Carol A. Smitley — Aug 15, 03 — (727) 725-3948