

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90154 009 ****61.25

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1. Entity Name

MCCLELLAN PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2105 MIETAW DR
 SARASOTA FL 34239
 US

Mailing Address

2105 MIETAW DR
 SARASOTA FL 34239
 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

51-0189824

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

CUSSEN, JUNE
1644 SEMINOLE DRIVE
SARASOTA FL 34239

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	PD	<input type="checkbox"/> Delete
NAME	CUSSEN, JUNE	
STREET ADDRESS	1644 SEMINOLE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STOVER, RICHARD	
STREET ADDRESS	2332 MCCLELLAN PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'DONNELL, CYNTHIA	
STREET ADDRESS	2330 MIETAW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HALLIWELL, JOAN	
STREET ADDRESS	2105 MIETAW DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM SCHACKOW	
STREET ADDRESS	2355 MCCLELLAN PKWY	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL LAUB	
STREET ADDRESS	1715 S OVAL DR	
CITY-ST-ZIP	SARASOTA FL 34239	
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:

Joan Halliwell
JOAN HALLIWELL 7/3/02 941-364-5716

CR2E037 (4/02)