

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/01

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-02-2001 90114 043 ****61.25

DOCUMENT # N00000001564

1. Entity Name

ROLLING OAKS ESTATES GARDEN CLUB, INC.

Principal Place of Business

12536 OAK TREE DRIVE
 HUDSON FL 34667

Mailing Address

12536 OAK TREE DRIVE
 HUDSON FL 34667

32441

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

59-3631161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COLLINS, REALOUS H
 12536 OAK TREE DRIVE
 HUDSON FL 34667

7. Name and Address of New Registered Agent

Name KATHLEEN COLLINS

Street Address (P.O. Box Number is Not Acceptable)

12536 OAK TREE DR.

City HUDSON

FL

Zip Code 34661

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 *Kathleen O. Collins*
 Signature, typed or printed name of registered agent and title if applicable.

Kathleen O. COLLINS

4/28/01
 DATE

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, REALOUS H	
STREET ADDRESS	12536 OAK TREE DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FORTINO, FRANK	
STREET ADDRESS	12536 OAK TREE DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	YOUNT, CATHERINE A	
STREET ADDRESS	12536 OAK TREE DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLINS, KATHLEEN O	
STREET ADDRESS	12536 OAK TREE DRIVE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	HILL, TODD	<input checked="" type="checkbox"/> ADD
NAME	12707 OAK TREE DR.	
STREET ADDRESS	HUDSON, FL 34667	
CITY-ST-ZIP		
TITLE	CARAS, PETE	<input checked="" type="checkbox"/> ADD
NAME	12819 OAK TREE DR	
STREET ADDRESS	HUDSON, FL 34667	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNT, CATHERINE A.	
STREET ADDRESS	18607 OAK WAY DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, ELMER	
STREET ADDRESS	18220 OAK WAY DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTINO, SUSAN A.	
STREET ADDRESS	18937 ROLLING OAKS DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, KATHLEEN O	
STREET ADDRESS	12536 OAK TREE DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	ABRAMS, STEVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12361 OAK TREE DR.	
STREET ADDRESS	HUDSON, FL 34667	
CITY-ST-ZIP		
TITLE	MALONE, DANIEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12632 SHERMAN, HUDSON, FL 34667	
STREET ADDRESS	BORG, ERIC	
CITY-ST-ZIP	18633 OAKWAY DR, HUDSON, FL 34667	

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:

Catherine A. Yount CATHERINE A. YOUNT

3/1/01

727-869-2589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)