

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002420

1. Entity Name

THE PRESERVE AT JENSEN BEACH COUNTRY CLUB ASSOCI

Principal Place of Business

11575 HERON BAY BLVD.
CORAL SPRINGS FL 33076

Mailing Address

24301 WALDEN CENTER DR.
BONITA SPRINGS FL 34134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Aug 09, 2001 8:00 am
Secretary of State

07-24-2001 90013 004 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3651964

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVEN N ESQ
24301 WALDON CENTER DR.
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when resigning)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HAYDEN, KENNETH
11575 HERON BAY BLVD.
CORAL SPRINGS FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
RUNGE, JANET
11575 HERON BAY BLVD.
CORAL SPRINGS FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MCCALL, THOMAS
11575 HERON BAY BLVD.
CORAL SPRINGS FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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☐ Change ☐ Addition

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 information.

SIGNATURE:

SIGNATURE Kenneth Hayden

03/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)