

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 30, 2001 8:00 am
Secretary of State

02-03-2001 90300 042 ****61.25

DOCUMENT # N00000003192

1. Entity Name

DUNNELLO CHRISTIAN COMMUNITY CLUB INC.

Principal Place of Business

21389 SW 102ND ST ROAD
DUNNELLO FL 34431-5823

Mailing Address

21389 SW 102ND ST ROAD
DUNNELLO FL 34431-5823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3647419

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

JAMES, BERNARD
21389 SW 102ND ST ROAD
DUNNELLO FL 34431-5823

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)

DATE

FILE NOW:
FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JAMES, BERNARD**
STREET ADDRESS **21389 SW 102ND ST ROAD**
CITY-ST-ZIP **DUNNELLO FL 34431-5823**

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

TITLE **V** ☒ Delete
NAME **TERRILL, RICK**
STREET ADDRESS **20593 W MCKINNEY AVE**
CITY-ST-ZIP **DUNNELLO FL 34430**

TITLE **D** ☒ Change ☐ Addition
NAME **CC J. WILLIAMS**
STREET ADDRESS **19090 ST BENIDICT DR, DUNNELLO FL**
CITY-ST-ZIP **34430**

TITLE **S** ☒ Delete
NAME **PORTER, LORONE**
STREET ADDRESS **PO BOX 661**
CITY-ST-ZIP **DUNNELLO FL 34430**

TITLE **D** ☒ Change ☐ Addition
NAME **DARRETT BOONE**
STREET ADDRESS **19780 SW 109th PLACE**
CITY-ST-ZIP **DUNNELLO, FL 34432**

TITLE **S** ☐ Delete
NAME **HAGINS, BUTLER C "D"**
STREET ADDRESS **11711 ILLINOIS ST**
CITY-ST-ZIP **DUNNELLO FL 34430**

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

TITLE **T** ☐ Delete
NAME **WILLIAMS, CURLEY**
STREET ADDRESS **PO BOX 1845**
CITY-ST-ZIP **DUNNELLO FL 34430**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bernard James
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Jan 2001 352 465-2028

Date

Daytime Phone #

CR2E037 (10/00)