

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90041 044 ****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

Zip

Country

Zip

Country

4. FEI Number

59-3647419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 reinstating)

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	P	<input type="checkbox"/> Delete
NAME	JAMES, BERNARD	
STREET ADDRESS	21389 SW 102ND ST ROAD	
CITY-ST-ZIP	DUNNELLO FL 34431-5823	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, J	
STREET ADDRESS	19090 ST BENEDICT DR	
CITY-ST-ZIP	DUNNELLO FL 34430	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOONE, DARRETT	
STREET ADDRESS	19780 SW 109TH PLACE	
CITY-ST-ZIP	DUNNELLO FL 34432	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAGINS, BUTLER C	
STREET ADDRESS	11711 ILLINOIS ST	
CITY-ST-ZIP	DUNNELLO FL 34430	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, CURLEY	
STREET ADDRESS	PO BOX 1845	
CITY-ST-ZIP	DUNNELLO FL 34430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: *Bernard James*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 MARCH 2002 **352 465-2028**
 Date Daytime Phone #

CR2E037 (9/01)