

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91301 031 ****61.25

DOCUMENT # N00000008306

1. Entity Name

COMMUNITY RESPONSE CLUB, INC.

Principal Place of Business

**5702 CLARK ROAD
 SARASOTA FL 34233**

Mailing Address

**5702 CLARK ROAD
 SARASOTA FL 34233**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-1059274

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

**BAKER, MICHAEL L
 5702 CLARK ROAD
 SARASOTA FL 34233**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DALE, KENNETH	
STREET ADDRESS	4688 ASHTON ROAD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARNOLD, PATRICK	
STREET ADDRESS	5798 SANDY POINTE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, ROBERT	
STREET ADDRESS	POST OFFICE BOX 17093	
CITY-ST-ZIP	SARASOTA FL 34276	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAKER, MICHAEL L	
STREET ADDRESS	5702 CLARK ROAD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEIM, MARY	
STREET ADDRESS	1615 PEREGRINE PT. RD.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BONFRERE, CAROLYN	
STREET ADDRESS	7535 CALLE FACIL	
CITY-ST-ZIP	SARASOTA FL 34238	

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
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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:

MICHAEL BAKER
 MICHAEL BAKER
 TREAS. / DIR

4/30/01

9419251355

CR2E037 (10/00)