

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008306

1. Entity Name

COMMUNITY RESPONSE CLUB, INC.

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

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

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 ☐ Delete  
NAME DALE, KENNETH  
STREET ADDRESS 4688 ASHTON ROAD  
CITY-ST-ZIP SARASOTA FL 34233

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

TITLE PD ☐ Delete  
NAME ARNOLD, PATRICK  
STREET ADDRESS 5798 SANDY POINTE DRIVE  
CITY-ST-ZIP SARASOTA FL 34233

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

TITLE VD ☐ Delete  
NAME KING, ROBERT  
STREET ADDRESS POST OFFICE BOX 17093  
CITY-ST-ZIP SARASOTA FL 34276

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

TITLE TD ☐ Delete  
NAME BAKER, MICHAEL L  
STREET ADDRESS 5702 CLARK ROAD  
CITY-ST-ZIP SARASOTA FL 34233

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

TITLE D ☐ Delete  
NAME KEIM, MARY  
STREET ADDRESS 1615 PEREGRINE PT. RD.  
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE SD ☐ Delete  
NAME BONFRERE, CAROLYN  
STREET ADDRESS 7535 CALLE FACIL  
CITY-ST-ZIP SARASOTA FL 34238

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:

*MICHAEL BAKER*  
MICHAEL BAKER  
TREAS. / DIR

4/30/01

9419251355

CR2E037 (10/00)