

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90081 037 ****61.25

0085232

DOCUMENT # N01050

1. Entity Name

EVERGLADES CITY CLUB LODGE & VILLAS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**221 SOUTH BUCKNER AVE
 UNIT 811
 EVERGLADES CITY FL 34139
 US**

Mailing Address

**P.O. BOX 5011
 EVERGLADES CITY FL 34139**

2. Principal Place of Business

211-221 South Buckner Av
 Suite, Apt. #, etc.

3. Mailing Address

4010 Wilson Avenue
 Suite, Apt. #, etc.

City & State

Everglades City FL

City & State

Sebring, FL

Zip

34139

Country

US

Zip

33872

Country

US

4. FEI Number

65-0079825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KUZMICK, KEN
 1001 BLACKWOOD STREET
 ALTAMONTE SPRINGS FL 32701**

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 **PD** ☒ Delete
 NAME **MEDING, PAUL**
 STREET ADDRESS **211 S BUCKNER AVE UNIT 814**
 CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **D** ☒ Delete
 NAME **REAY, RUSSELL**
 STREET ADDRESS **221 S BUCKNER AVE UNIT # 811**
 CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **TS** ☐ Delete
 NAME **CHOBOT, KERRIE**
 STREET ADDRESS **18615 HANNAN RD**
 CITY-ST-ZIP **NEW BOSTON MI 48164**

TITLE **D** ☐ Delete
 NAME **KUZMICK, KEN**
 STREET ADDRESS **1001 BLACKWOOD STREET**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **D** ☒ Delete
 NAME **SCHMIDT, PETER**
 STREET ADDRESS **211 S BUCKNER AVE UNIT 821**
 CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **VD** ☐ Delete
 NAME **KAUFFMAN, JACK**
 STREET ADDRESS **211 SOUTH BUCKNER AVE., UNIT 824**
 CITY-ST-ZIP **EVERGLADES CITY FL 34139**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
 NAME **Feathers, Mel**
 STREET ADDRESS **4010 Wilson Avenue**
 CITY-ST-ZIP **Sebring, FL 33872**

TITLE **D** ☐ Change ☒ Addition
 NAME **Page, Herb**
 STREET ADDRESS **3912 Eaton Drive**
 CITY-ST-ZIP **Rockford IL 61114**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Chobot, Kerrie**
 STREET ADDRESS **221 South Buckner #811**
 CITY-ST-ZIP **Everglades City FL 34139**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Kuzmick, Ken**
 STREET ADDRESS **1001 Blackwood Street**
 CITY-ST-ZIP **Altamonte Springs FL 32701**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Kauffman, Jack**
 STREET ADDRESS **211 South Buckner #824**
 CITY-ST-ZIP **Everglades City FL 34139**

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:

Kerrie Chobot
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kerrie Chobot, Secretary

03/20/02

Date

Daytime Phone #

CR2E037 (9/01)