

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01539

1. Entity Name

COUNTRY CREEK MASTER ASSOCIATION, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90002 005 ****61.25

Principal Place of Business Mailing Address
2180 W. STATE ROAD 434, SUITE #5000 2180 W. STATE ROAD 434, SUITE #5000
LONGWOOD FL 32779 LONGWOOD FL 32779-5042

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2390057

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

SHEPARD, III, CLIFFORD B.
201 S. ORANGE AVENUE
SUITE 900
ORLANDO FL 32802

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 _____ (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 | PD | <input type="checkbox"/> Delete |
| NAME | FREEMAN, PAT | |
| STREET ADDRESS | 962 SOUTHRIDGE TRAIL | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MARCZAK, PAUL J | |
| STREET ADDRESS | 1327 BLACK WILLOW TRAIL | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MALIN, JOSEPH | |
| STREET ADDRESS | 812 TIMBERLAND TR | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FARRIER, JANIE | |
| STREET ADDRESS | 1106 GOLDEN CYPRESS CT | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARSHALL, ERIC | |
| STREET ADDRESS | 1226 BENT OAK TRAIL | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WRIGHT, BILL | |
| STREET ADDRESS | 1195 WOODLAND TERRACE TRAIL | |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL | |

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAUL, EVE | |
| STREET ADDRESS | 646 NORTHBRIDGE DR | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STAFFORD, JOHN | |
| STREET ADDRESS | 664 OAK HOLLOW WAY | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| 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: PAT FREEMAN FREEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 407-290-1215
Date Daytime Phone #

CFR2E037 (9/99)