

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08773

1. Entity Name

COUNTRY CLUB ESTATES COOPERATIVE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90097 027 ****61.25

Principal Place of Business

Mailing Address

C/O WILLIAM R. Korp
333 TAMiami TrL
VENICE FL 34285

C/O WILLIAM R. Korp
333 TAMiami TrL
VENICE FL 34285-2402

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

59-2653265

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

KORP, WILLIAM R.
333 SOUTH TAMiami TRAIL
STE. 199
VENICE FL 34285

Name **KENNETH SIMMONS**
Street Address (P.O. Box Number is Not Acceptable)
700 Waterway
Country Club Estates
City **VENICE** FL Zip Code **34285**

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

Kenneth Simmons

(NOTE: Registered Agent signature required when reinstating)

4/14/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, KENNETH 860 GREEN CIRCLE VENICE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECHTER, ROBERT 814 S WATERWAY VENICE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, ISABELLE 825 CAREFREE VENICE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICHOLS, FRED 735 S WATERWAY VENICE FL 34285	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUPPRECHT, FRANK 744 WATERWAY VENICE FL 34285	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINEGAR, FRAN 750 WATERWAY VENICE FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHET Gould 804 TURF VENICE FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Kenneth Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00

CR2E037 (9/99)