

2001 UNIFORM BUSINESS REPORT (UBR)

03-08-2001 90139 006 ****61.23
N08773

007733

DOCUMENT # N08773

1. Entity Name

COUNTRY CLUB ESTATES COOPERATIVE, INC.

FILED

01 MAR -8 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2653265

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

SIMMONS, KENNETH
700 WATERWAY
COUNTRY CLUB ESTATES
VENICE FL 34285

Name
Fred Nichols

Street Address (P.O. Box Number is Not Acceptable)

735 South Waterway

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

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 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 GOULD, CHET 804 TURF 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-01

CR2E037 (10/00)