

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26341

1. Entity Name

PALATKA COUNTRY CLUB POOL ASSOCIATION, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90033 008 ****61.25

Principal Place of Business

Mailing Address

3400 CRILL AVE POB 1072
% A.W. NICHOLS. III. POB 1072
PALATKA FL 32178

3400 CRILL AVE POB 1072
% A.W. NICHOLS. III. POB 1072
PALATKA FL 32178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2895738

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

KEITH, ALICE
104 EDMOUR TR.
PALATKA FL 32177

Name Gloria Luke

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

City Palatka

FL

Zip Code
32177

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

Gloria Luke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-21-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 DP ☒ Delete
NAME KEITH, ALICE
STREET ADDRESS 104 EDMOUR TR.
CITY-ST-ZIP PALATKA FL

TITLE DP ☐ Change ☒ Addition
NAME Luke, Gloria
STREET ADDRESS 125 Karen Ct.
CITY-ST-ZIP Palatka, FL 32177

TITLE TD ☒ Delete
NAME SMITH, ROBIN
STREET ADDRESS 1500 ROSELLE AVE
CITY-ST-ZIP PALATKA FL

TITLE TD ☐ Change ☒ Addition
NAME Burns, Nancy
STREET ADDRESS 2508 Fairway Drive
CITY-ST-ZIP Palatka, FL 32177

TITLE SD ☐ Delete
NAME MACGIBBON, BRENDA
STREET ADDRESS 102 12TH TEE TRAIL
CITY-ST-ZIP PALATKA FL 32177

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Gloria Luke REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00

Date

904-325-0298

Daytime Phone #

CR2E037 (5/00)