

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26341

1. Entity Name

PALATKA COUNTRY CLUB POOL ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1072

Suite, Apt. #, etc.

City & State
Palatka, FL

Zip
32178

Country
Putnam

4. FEI Number 59-2895738

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUKE, GLORIA
125 KAREN CT
PALATKA FL 32177

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

Gloria Luke, Gloria Luke

4-12-01

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

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

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

TITLE DP ☐ Delete
NAME LUKE, GLORIA
STREET ADDRESS 125 KAREN CT.
CITY-ST-ZIP PALATKA FL 32177

TITLE TD ☐ Delete
NAME BURNS, NANCY
STREET ADDRESS 2508 FAIRWAY DR
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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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:

NANCY BURNS: NANCY BURNS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 (404) 312-8324

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90151 025 ****70.00



DO NOT WRITE IN THIS SPACE