

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90015 031 \*\*\*\*61.25

**DOCUMENT # N49482**

1. Entity Name

**ALAFIA RIVER CLUB HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

**8733 BARCIN CIR.  
 RIVERVIEW FL 33569**

Mailing Address

**8733 BARCIN CIR.  
 RIVERVIEW FL 33569**

2. Principal Place of Business

**8749 BARCIN CIRCLE  
 Suite, Apt. #, etc.  
 RIVERVIEW, FL 33569**

3. Mailing Address

**8749 BARCIN CIRCLE  
 Suite, Apt. #, etc.  
 RIVERVIEW, F**

City & State

City & State

Zip

Country

Zip

Country

**33569**

**33569**

4. FEI Number

**59-2981346**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LENNARD, CHARLES  
 8733 BARCIN CIR.  
 RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name **THOMAS J POSPESCHIL SR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8749 BARCIN CIRCLE**  
 City **RIVERVIEW** FL Zip Code **33569**

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

*Thomas J Pospeschil SR. President*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-29-01**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD LENNARD, CHARLES 8733 BARCIN CIR. RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, C. NORMA 8866 BARCIN CIR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, ELIZABETH K 7903 THAMES LN. RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARR, MARGARET 8841 BARCIN CIR. RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS J. POSPESCHIL SR. 8749 BARCIN CIRCLE RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHELE C POSPESCHIL 8749 BARCIN CIRCLE RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-29-01 813 671 1267**

Date

Daytime Phone #

CR2E037 (10/00)