

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90017 030 ****61.25

DOCUMENT # N94000002916

1. Entity Name

WEST PUTNAM ATHLETIC ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 1832
INTERLACHEN FL 32148

Mailing Address

P. O. BOX 1832
INTERLACHEN FL 32148

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3009985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, MARK S
245 EAST VIRGINIA ST.
TALLAHASSEE FL 32301

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

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 ☐ Delete
NAME **TPD**
STREET ADDRESS **SHUROCK, THOMAS L**
CITY-ST-ZIP **138 WALL LAKE ROAD**
MELROSE FL 32666

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **TRULL, BRIAN**
CITY-ST-ZIP **507 CHANDLER STREET**
INTERLACHEN FL 32148

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **BRADLEY, DEBBIE**
CITY-ST-ZIP **128 CRESTWOOD DRIVE**
INTERLACHEN FL 32148

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **CRABTREE, MARTHA**
CITY-ST-ZIP **139 SANDLAKE ROAD**
INTERLACHEN FL 32148

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME **TPD**
STREET ADDRESS **Valerie Shurock**
CITY-ST-ZIP **138 Wall Lake Tr**
Melrose FL 32147

TITLE ☐ Change ☐ Addition
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:

Thomas Leo Shurock
Thomas Leo Shurock

Date

Daytime Phone #

1-22-01 904 9722455

CR2E037 (10/00)