

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001029

1. Entity Name

ORANGE PARK COUNTRY CLUB RESIDENTS ASSOCIATION.

Principal Place of Business

531 SUGAR GROVE PL
ORANGE PARK FL 32073

Mailing Address

531 SUGAR GROVE PL
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

ALLEN, GLENN K
353 E. FORYSTH ST.
JACKSONVILLE FL 32202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KNAFELC, FRANK	531 SUGAR GROVE PLACE	ORANGE PARK FL	<input type="checkbox"/>
VP	HUDSON, RAY	2714 COUNTRY CLUB BLVD	ORANGE PARK FL	<input type="checkbox"/>
T	ROBICHEAUX, CHERYL	514 BERKSHIRE CT	ORANGE PARK FL	<input type="checkbox"/>
S	HARKNESS, PAT	2836 COUNTRY CLUB BLVD	ORANGE PARK FL	<input type="checkbox"/>
D	COOK, JOHN	503 SUGAR GROVE PL	ORANGE PARK FL	<input type="checkbox"/>
VP	HOLLINGER, SHERRY	557 COUNTRY CLUB BLVD	ORANGE PARK FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VP	Bob Fishback	605 Wyndham Ct.	Orange Park, FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Scott Hatcher	620 Wyndham Ct.	Orange Park, FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

CR2E037 (9/99)