

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90060 049 \*\*\*\*\*70.00

**DOCUMENT # N95000001029**

1. Entity Name

**ORANGE PARK COUNTRY CLUB RESIDENTS ASSOCIATION.**

Principal Place of Business

**2439 COUNTRY CLUB BLVD**  
~~531 SUGAR GROVE PL~~  
**ORANGE PARK FL 32073**

Mailing Address

**2439 COUNTRY CLUB BLVD**  
~~531 SUGAR GROVE PL~~  
**ORANGE PARK FL 32073**

UUU46554

2. Principal Place of Business

**OPCC/RA**

3. Mailing Address

**2439 COUNTRY CLUB BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ORANGE PARK, FL**

City & State

**ORANGE PARK, FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

**32073**

**USA**

Zip

Country

**32073**

**USA**

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	P	<input checked="" type="checkbox"/> Delete
NAME	<b>KNAFELC, FRANK</b>	
STREET ADDRESS	<b>531 SUGAR GROVE PLACE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HUDSON, RAY</b>	
STREET ADDRESS	<b>2714 COUNTRY CLUB BLVD</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>FISHBACK, BOB</b>	
STREET ADDRESS	<b>605 WYNHAM CT</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>HARKNESS, PAT</b>	
STREET ADDRESS	<b>2836 COUNTRY CLUB BLVD</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HATCHER, SCOTT</b>	
STREET ADDRESS	<b>620 WYNHAM CT</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLLINGER, SHERRY</b>	
STREET ADDRESS	<b>557 COUNTRY CLUB BLVD</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEPHEN L. LAMB</b>	
STREET ADDRESS	<b>2439 COUNTRY CLUB BLVD.</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	<del>SECRETARY</del> <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARY OSTEN</b>	
STREET ADDRESS	<b>563 OAKMONT ST.</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAYNE GULLETT</b>	
STREET ADDRESS	<b>508 SUGAR GROVE PLACE</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE	<del>DIRECTOR</del> <b>MICHAEL MCKERNAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2409 COUNTRY CLUB BLVD.</b>	
STREET ADDRESS	<b>ORANGE PARK, FL 32073</b>	
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN M. PHILLIPS</b>	
STREET ADDRESS	<b>774 WESTMINSTER DRIVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/7/01 904-298-2500**

CR2E037 (10/00)