

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001191

1. Entity Name

NEWFOUNDLAND CLUB OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2809 SHAMROCK NORTH  
TALLAHASSEE FL 32308-2231

2809 SHAMROCK NORTH  
TALLAHASSEE FL 32308-2231

2. Principal Place of Business

1200 NW 73rd Terr.

3. Mailing Address

1200 NW 73rd Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

Country

34482 USA

Zip

Country

34482 USA

4. FEI Number

59-3117287

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

MCMAHON, CANDACE C  
2809 SHAMROCK NORTH  
TALLAHASSEE FL 32308-2231

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.

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-05/27/02--01004--024

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EADT<br>ALIFF, NANCY<br>8161 BLUE QUILL<br>TALLAHASSEE FL 32312         | <input type="checkbox"/> Delete                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHERNEKAU, BILL<br>1200 NW 73RD TERR<br>OCALA FL 34482           | <input type="checkbox"/> Delete                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPO<br>YAMNITZ, CHRIS<br>12421 KOZY REST LN.<br>JACKSONVILLE FL 32258   | <input type="checkbox"/> Delete<br>Change<br>of<br>Title |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RADICE, DENNIS<br>7600 SE 32ND PLACE<br>GAINESVILLE FL 32603      | <input checked="" type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOFFENBERG, JANICE<br>6216 FORDHAM CIR E.<br>JACKSONVILLE FL 33626 | <input type="checkbox"/> Delete                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Nancy Parsons                                         | <input type="checkbox"/> Delete                          |

|                                                |                                                                                 |                                                                                          |
|------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Nancy Parsons<br>2835 Abney Avenue<br>Orlando FL 32833-4308   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>Candace McMahon<br>2809 Shamrock North<br>Tallahassee FL 32308     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Yamnitz, Chris                                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>of Title |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary<br>Cathy McKinney<br>12755 90th Avenue<br>Seminole FL 33776           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Janet Sowers<br>7810 - 4th Avenue South<br>St. Petersburg, FL 33707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>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  
NANCY J. ALIFF

05/01/02 414-5371

CR2E037 (9/01)