

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

0084059

06-01-2001 90002 036 ****70.00

DOCUMENT # N95000004197

1. Entity Name

COUNTRYSIDE TOUCHDOWN CLUB, INC.

Principal Place of Business

Mailing Address

**COUNTRYSIDE HIGH SCHOOL
 3000 SR 580
 CLEARWATER FL 33761
 US**

**COUNTRYSIDE TOUCHDOWN CLUB
 PO BOX 15225
 CLEARWATER FL 33766
 US**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANCROFT, JOHN C
 2145 MORNINGSIDE DR
 SAFETY HARBOR FL 34695**

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

John C Bancroft

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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	VD	<input checked="" type="checkbox"/> Delete
NAME	DEWOLF, JESSICA	
STREET ADDRESS	3201 SANDY RIDGE DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REARDON, CINDY	
STREET ADDRESS	2692 ENTERPRISE RD E	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BANCROFT, JOHN	
STREET ADDRESS	2145 MORNINGSIDE DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIBA, KATHY	
STREET ADDRESS	2668 MCMULLEN BOOTH RD #1328	
CITY-ST-ZIP	CLEARWATER FL 34695	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VERNON, PAT	
STREET ADDRESS	2020 HEATHER CT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALT GORDON	
STREET ADDRESS	1344 CADWAY CT.	
CITY-ST-ZIP	SAFETY HARBOR, FL. 34695	
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 title empowered.

SIGNATURE:

John C Bancroft

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-01 727-725-4912

Date

Telephone Number

CR2E037 (10/00)