

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90002 018 ****61.25

DOCUMENT # N96000001037

1. Entity Name

THE COUNTRY CLUB OF OCALA PROPERTY OWNERS ASSOCI

Principal Place of Business

1320 S.E. 25TH LOOP
 SUITE 101
 OCALA FL 34474

Mailing Address

P.O. BOX 2495
 OCALA FL 34478

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

59-3518001

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

KIRKPATRICK, KENNETH
1320 S.E. 25TH LOOP
OCALA FL 34474

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 PD ☒ Delete
 NAME WHITT, TROY
 STREET ADDRESS 6858 S.E. 12TH CIR
 CITY-ST-ZIP OCALA FL 34480

TITLE D ☐ Change ☒ Addition
 NAME Reckdenwald, Richard
 STREET ADDRESS 7927 S. E. 12 Circle
 CITY-ST-ZIP Ocala, FL 34480

TITLE VD ☐ Delete
 NAME VARNER, SID
 STREET ADDRESS 1420 S.E. 73 PL.
 CITY-ST-ZIP OCALA FL 34471

TITLE P/D ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME MCCALL, BETH
 STREET ADDRESS 7073 S.E. 12TH CIR
 CITY-ST-ZIP OCALA FL 34471

TITLE D ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME ELLSPERMANN, CARL
 STREET ADDRESS 808 S.E. 69TH PLACE
 CITY-ST-ZIP OCALA FL 34480

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME RANSOME, MARYANNE
 STREET ADDRESS 7819 S.E. 12TH CIR.
 CITY-ST-ZIP OCALA FL 34480

TITLE V/D ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME CAPLAN, BRUCE
 STREET ADDRESS 7177 S.W. SR 200
 CITY-ST-ZIP OCALA FL 34476

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7302 S. E. 12 Circle
 CITY-ST-ZIP Ocala, FL 34480

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]* **SEOU Sid Varner**

2/12/01

352/369-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment#
196000001037

ITEM 10. CONTINUED.....

TITLE	D
NAME	Fuller, Sandy
STREET ADDRESS	7747 S.E. 12 Circle
CITY-ST-ZIP	Ocala, FL 34471

ITEM 11. CONTINUED.....

TITLE	S/D	ADDITION
NAME	Powers, Kathy	
STREET ADDRESS	7387 S. E. 12 Circle	
CITY-ST-ZIP	Ocala, FL 34480	
