

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90037 014 \*\*\*\*61.25

**DOCUMENT # N96000004979**

1. Entity Name

**THE FLORIDA CLUB PROPERTY OWNERS ASSOCIATION, IN C.**

Principal Place of Business

**1380 S.W. KANNER HIGHWAY  
 STUART FL 34997**

Mailing Address

**1380 S.W. KANNER HIGHWAY  
 STUART FL 34997**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0727569**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**INGLIS, STEVE**  
~~103 S. US 1 STE F5-135~~  
**JUPITER FL 33477**

*1930 Commerce Lane  
 Ste #1  
 Jupiter FL 33458*

7. Name and Address of New Registered Agent

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

TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>FOWLER, WILLIAM</b>	
STREET ADDRESS	<b>B51 SE MONTEREY COMMONS BLVD</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEVENS, SUE</b>	
STREET ADDRESS	<b>1380 S.W. KANNER HIGHWAY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MCPHEETEN, JANICE</b>	
STREET ADDRESS	<b>1380 SW KANNER HWY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>851 SE MONTEREY COMMONS BLVD.</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>McPheeters</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LESLEY LUDLAM</b>	
STREET ADDRESS	<b>1380 SW KANNER HWY.</b>	
CITY-ST-ZIP	<b>STUART, FL 34997</b>	
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		

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 to an address, with all other list empowers.

SIGNATURE:

*William C. Fowler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/11/02* (561) 287-8880  
 Date Daytime Phone #

CR2E037 (9/01)