

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000019

1. Entity Name

CAREFREE CLUBHOUSE CORPORATION

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90093 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3000 CAREFREE BLVD.  
 FORT MYERS FL 33917

3000 CAREFREE BLVD.  
 FORT MYERS FL 33917-7135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0715178

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RAZETE, GINA  
 3000 CAREFREE BLVD.  
 FORT MYERS FL 33917

Name *Alice D' Souza*

Street Address (P.O. Box Number is Not Acceptable)

*SAME*

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]* *GINA RAZETE* *DAL* *3-23-00*

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	PTD	<input type="checkbox"/> Delete
NAME	RAZETE, GINA	
STREET ADDRESS	3000 CAREFREE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	GROENE, CATHY	
STREET ADDRESS	3000 CAREFREE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	DAL	<input type="checkbox"/> Delete
NAME	SNIZA, ALICE D	
STREET ADDRESS	3000 CAREFREE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	C	<input type="checkbox"/> Delete
NAME	HALL, LOIS	
STREET ADDRESS	3000 CAREFREE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WONN, PAULINE	
STREET ADDRESS	3000 CAREFREE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLEURNS, DANA	
STREET ADDRESS	3000 CAREFREE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33917	

TITLE	DAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE SNOOK	
STREET ADDRESS	3000 Carefree Blvd	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D' SOUZA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEVINS	
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]* *GINA RAZETE*

*323-00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)