

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000624

1. Entity Name

FELKER DRIVE BRIDGE ASSOCIATION, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90016 011 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5322 FELKER DRIVE
WEEKI WACHEE FL 34607

5322 FELKER DRIVE
WEEKI WACHEE FL 34607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3518466

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

HOBBY, H. CLYDE
5709 TIDALWAVE DRIVE
NEW PORT RICHEY FL 34652

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
NAME CHARLES, SHEILA H
STREET ADDRESS 5322 FELKER DRIVE
CITY-ST-ZIP WEEKI WACHEE FL 34607 ☐ Delete

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

TITLE SD
NAME WOODCOCK, NELL M
STREET ADDRESS 5250 FELKER DR
CITY-ST-ZIP WEEKI WACHEE FL 34607 ☐ Delete

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

TITLE VD
NAME GOODLOE, GEORGE M
STREET ADDRESS 5270 FELKER DRIVE
CITY-ST-ZIP WEEKI WACHEE FL 34607 ☒ Delete

TITLE VD
NAME Alice Bell
STREET ADDRESS 5340 Felker Dr
CITY-ST-ZIP Weeki Wachee, FL 34607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Sheila H Charles

4/25/01

727-847-5854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)