

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003553

1. Entity Name

RESIDENTS ADVISORY COMMITTEE, INC. OF SPRUCE CRE

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90438 007 ****70.00

Principal Place of Business

17867 SE 97TH AVE
SUMMERFIELD FL 34491
US

Mailing Address

17867 SE 97TH AVE
SUMMERFIELD FL 34491-8455
US

2. Principal Place of Business

17677 SE 108TH AVE.
Suite, Apt. #, etc.

3. Mailing Address

17677 SE 108TH AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SUMMERFIELD, FL

City & State

SUMMERFIELD, FL

4. FEI Number

59-3479768

Applied For

Not Applicable

Zip

Country

34491

USA

Zip

Country

34491

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIORINI, CLARA M
10755 SE 174TH LOOP
SUMMERFIELD FL 34491

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 Clara Fiorini m.

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

Clara Fiorini m.

(NOTE: Registered Agent signature required when reinstating)

4-20-00

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 PD ☒ Delete
NAME WASS, FERN
STREET ADDRESS 17867 SE 97TH AVE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE VD ☒ Delete
NAME TODD, BEVERLY
STREET ADDRESS 10743 SE 174TH LOOP
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE SD ☐ Delete
NAME FIORINI, CLARA M
STREET ADDRESS 10755 SE 174TH LOOP
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE T ☒ Delete
NAME DREYER, GAIL
STREET ADDRESS 9541 SE 173RD LN
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME AMTHOR, RYDER
STREET ADDRESS 17677 SE 108TH AVE.
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE VD ☒ Change ☐ Addition
NAME LIEBACH, RON
STREET ADDRESS 9980 SE 174TH PLACE ROAD
CITY-ST-ZIP SUMMERFIELD, FL 34491

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

TITLE T ☒ Change ☐ Addition
NAME REESE, ROBERT W.
STREET ADDRESS 10698 SE 174TH LOOP
CITY-ST-ZIP SUMMERFIELD, FL 34491

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: ESRYDER AMTHOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/20/00 (352) 307-1522
Daytime Phone #

CR2E037 (9/99)