

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90223 047 ****70.00

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DOCUMENT # N98000003553

1. Entity Name

RESIDENTS ADVISORY COMMITTEE, INC. OF SPRUCE CRE

Principal Place of Business

17677 SE 108TH AVE.
 SUMMERFIELD FL 34491
 US

Mailing Address

17677 SE 108TH AVE.
 SUMMERFIELD FL 34491
 US

2. Principal Place of Business

10690 SE 174TH PLACE

Suite, Apt. #, etc.

3. Mailing Address

10690 SE 174TH PLACE

Suite, Apt. #, etc.

City & State

SUMMERFIELD, FL

City & State

SUMMERFIELD, FL

Zip

34491

Country

USA

Zip

34491

Country

USA

4. FEI Number

59-3479768

Applied For

Not Applicable

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
LELIA M. ELDRIDGE

Street Address (P.O. Box Number is Not Acceptable)
17971 SE 105TH COURT

City
SUMMERFIELD, FL Zip Code
34491

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

Lelia M. Eldridge
 Signature, typed or printed name of registered agent and address if applicable.

Lelia M. Eldridge
 (NOTE: Registered Agent signature required when reinstating)

DATE

4/17/01

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 PD
 NAME
 KEYSER, SUSAN J. ☐ Change ☒ Addition
 STREET ADDRESS
 10690 SE 174TH PLACE
 CITY-ST-ZIP
 SUMMERFIELD, FL 34491

TITLE
 VD
 NAME
 DREYER, GAIL M. ☐ Change ☒ Addition
 STREET ADDRESS
 9541 SE 173RD LANE
 CITY-ST-ZIP
 SUMMERFIELD, FL 34491

TITLE
 SD
 NAME
 ELDRIDGE, LELIA M. ☐ Change ☒ Addition
 STREET ADDRESS
 17971 SE 105TH COURT
 CITY-ST-ZIP
 SUMMERFIELD, FL 34491

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

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

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:

Susan J. Keyser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

Daytime Phone #

CR2E037 (10/00)