

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90010 001 ****61.25

DOCUMENT # N98000005267
 1. Entity Name
JENSEN BEACH COUNTRY CLUB ASSOCIATION, INC. P

Principal Place of Business 759 SOUTH FEDERAL HIGHWAY #212 STUART FL 34994	Mailing Address 759 SOUTH FEDERAL HIGHWAY #212 STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0891857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCCANN, LINDA R ESQ.
 759 SOUTH FEDERAL HIGHWAY #212
 STUART FL 34994

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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: D NAME: MALAVASI, SANTIAGO STREET ADDRESS: 1615 FORUM PLACE #4-E CITY-ST-ZIP: WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE: VD NAME: MCCANN, LINDA R ESQ. STREET ADDRESS: 759 SOUTH FEDERAL HIGHWAY #212 CITY-ST-ZIP: STUART FL 34994	<input type="checkbox"/> Delete
TITLE: PD NAME: DOSS, ARDEN JR. STREET ADDRESS: 3350 NW ROYAL OAK DRIVE CITY-ST-ZIP: JENSON BEACH FL 34957	<input type="checkbox"/> Delete
TITLE: SD NAME: DOSS, RENEE MOTTRAM STREET ADDRESS: 3350 NW ROYAL OAK DRIVE CITY-ST-ZIP: JENSON BEACH FL 34957	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Linda R. McCann* **LINDA R. McCANN** 8/11/00 561-288-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)