

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90161 005 ****61.25

DOCUMENT # N99000002086

1. Entity Name

SOUTH COUNTY RESOURCE CENTER CONDOMINIUM ASSOCIA

Principal Place of Business

7810 TAMiami TRAIL STE A-14
VENICE FL 34293

Mailing Address

~~250 TAMPA AVE. W.~~
VENICE FL 34285

148397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1747 S. Tamiami Tr
Suite, Apt. #, etc.
223

City & State

City & State

Venice FL

4. FEI Number

65-0932911

Applied For

Not Applicable

Zip

Country

Zip

34293

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, ROBERT L
227 NOKOMIS AVENUE S.
VENICE FL 34285

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

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BAYLIS, KATHY	
STREET ADDRESS	400 S TAMiami TRAIL, SUITE 230	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TOBIAS, SHARON	
STREET ADDRESS	400 S TAMiami TRAIL, SUITE 230	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	DS PD	<input type="checkbox"/> Delete
NAME	HAMM, RICK	
STREET ADDRESS	400 S TAMiami TRAIL, SUITE 230	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OCHS, ROBERT	
STREET ADDRESS	400 S TAMiami TRAIL, SUITE 230	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THAYER, COLLEEN	
STREET ADDRESS	CRC, INC. - 7810 S. TAMiami TRAIL # A1	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, SANDY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard L Hamm

4/20/01 941-408-8293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)