

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90056 014 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000003304

1. Entity Name
COUNTRY CREEK COMMUNITY CHARITIES, INC.

Principal Place of Business Mailing Address
21131 COUNTRY CREEK DRIVE **21131 COUNTRY CREEK DRIVE**
ESTERO FL 33928 **ESTERO FL 33928**

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 **65-0929866** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOBLEY, RALPH M
9781 SASSAFRAS COURT
ESTERO FL 33928

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 Ralph M Mobley Ralph M Mobley 1/4/2001
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	PD	<input type="checkbox"/> Delete
NAME	WHITE, ROBERT W	
STREET ADDRESS	20646 CANDLEWOOD HOLLOW	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DORIS	
STREET ADDRESS	20644 CANDLEWOOD HOLLOW	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLACKBURN, JACK E	
STREET ADDRESS	20730 COUNTRY CREEK DR #721	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REICHERT, RONALD L	
STREET ADDRESS	20950 RIVERSFORD	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DL	<input type="checkbox"/> Delete
NAME	POTHIER, RAYMOND	
STREET ADDRESS	21034 OXBOW BEND	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9265 Coachhouse Lane	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clay Hatch	
STREET ADDRESS	9266 Coachhouse Lane	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Ann Moyer	
STREET ADDRESS	20691 Persimmon Place	
CITY-ST-ZIP	ESTERO FL 33928	
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: Ralph M Mobley 1/4/2001 941 498 2914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)