

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90108 031 ****61.25

DOCUMENT # N99000003363

1. Entity Name
TIMBER PINES COMPUTERS CLUB, INC.



Principal Place of Business
6872 TIMBER PINES BLVD.
SPRING HILL FL 34606

Mailing Address
6872 TIMBER PINES BLVD.
SPRING HILL FL 34606

90014470



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 58-2409979

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZAN, MORRIS
6524 PINE MEADOWS DRIVE
SPRING HILL FL 34606

Name
CORRINGHAM, J. ERIC
Street Address (P.O. Box Number is Not Acceptable)
7417 PARADISE PINE CT.
City
SPRING HILL
FL
Zip Code
34606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eric Corringham*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Delete
NAME **CORRINGHAM, ERIC J**
STREET ADDRESS **7417 PARADISE PINE COURT**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **PD** ☒ Change ☐ Addition
NAME **CORRINGHAM, J. ERIC**
STREET ADDRESS **7414 PARADISE PINE CT**
CITY-ST-ZIP **SPRING HILL, FL, 34606**

TITLE **TD** ☐ Delete
NAME **HAACKE, ROBERT R**
STREET ADDRESS **7404 BLUE SKIES DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **TD** ☒ Change ☒ Addition
NAME **DEVINE, JOAN**
STREET ADDRESS **3024 EAGLE BEND ROAD**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **SD** ☒ Delete
NAME **KOEPKE, LARUE**
STREET ADDRESS **7099 PINE VIEW CT.**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☒ Change ☐ Addition
NAME **HAACKE, ROBERT R.**
STREET ADDRESS **7404 BLUE SKIES DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D** ☒ Delete
NAME **KAHL, ROBERT**
STREET ADDRESS **7045 SPARKLING CREEK COURT**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☐ Change ☒ Addition
NAME **HADRICK, RICHARD**
STREET ADDRESS **7422 BAYWOOD FOREST CIR.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **PD** ☐ Delete
NAME **LAZAN, MORRIS**
STREET ADDRESS **6524 PINE MEADOWS DRIVE**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **SD** ☒ Change ☐ Addition
NAME **HUDDART, ANN**
STREET ADDRESS **2200 BROADMOOR LANE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D** ☐ Delete
NAME **HUDDART, ANN**
STREET ADDRESS **2200 BROADMOOR LANE**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☒ Change ☐ Addition
NAME **LAZAN, MORRIS**
STREET ADDRESS **6524 PINE MEADOWS DRIVE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

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: *Eric Corringham*

1/28/03

686-9311

CR2E037 (10/02)

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Attachment ATTACHMENT

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☐ CHECK HERE IF MAKING CHANGES

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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Trust Fund Contribution. ☐

\$5.00 May Be
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURPHY, MARTIN
2613 HIDDEN PINES DRIVE
SPRING HILL, FL 34606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
THOMAS, LEO
6625 BRAMBLE LEAF DRIVE
SPRING HILL, FL 34606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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)(l), 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: *V. J. Eric...*

1/28/03

686-9311