

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006037

1. Entity Name

SEBRING COMMERCE CENTER OWNER'S ASSOCIATION, INC

Principal Place of Business

1800 STATE RD. 17 SOUTH
AVON PARK FL 33825

Mailing Address

1800 STATE RD. 17 SOUTH
AVON PARK FL 33825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0734642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOHL, JAMES M
1800 STATE RD. 17 SOUTH
AVON PARK FL 33825

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	PD	☐ Delete
NAME	WOHL, JAMES M	
STREET ADDRESS	1800 STATE RD. 17 SOUTH	
CITY - ST - ZIP	AVON PARK FL 33825	
TITLE	VD	☐ Delete
NAME	RANCOURT, TAL	
STREET ADDRESS	7944 SOUTH GEORGE BLVD.	
CITY - ST - ZIP	SEBRING FL 33872	
TITLE	STD	☐ Delete
NAME	MURDOCK, GAYLE	
STREET ADDRESS	1379 NORTH EAST VIOLA RD.	
CITY - ST - ZIP	AVON PARK FL 33825	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

James M. Wohl, President

4/12/01

863-382-1096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90006 011 ****61.25

644540



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)