

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006298

1. Entity Name

SAVANNA CLUB CONCERNED RESIDENTS COALITION, INC.

Principal Place of Business

3804 PEBBLE BEACH LN.
PORT ST. LUCIE FL 34952

Mailing Address

3804 PEBBLE BEACH LN.
PORT ST. LUCIE FL 34952

2. Principal Place of Business

8468 GALLBERRY CIR.
Suite, Apt. #, etc.

3. Mailing Address

8468 GALLBERRY CIR.
Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL.

City & State

PORT ST. LUCIE, FL.

Zip

34952

Country

Zip

34952

Country

4. FEI Number

65-0033191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMIESON, HARRIS W
8468 GALLBERRY CIR.
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name: Harris Jamieson
Street Address (P.O. Box Number is Not Acceptable):
8468 Gallberry Circle
Port St. Lucie
City: FL Zip Code: 34952

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

2-5-01

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
NAME: JAMIESON, HARRIS
STREET ADDRESS: 8468 GALLBERRY CIR.
CITY-ST-ZIP: PORT SAINT LUCIE FL 34952

☐ Delete

TITLE: VD
NAME: HIMMEL, RAY
STREET ADDRESS: 8209 CINNAMON LN
CITY-ST-ZIP: PORT SAINT LUCIE FL 34952

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TITLE: S
NAME: GRANELLO, ALANNA
STREET ADDRESS: 3804 PEBBLE BEACH LN.
CITY-ST-ZIP: PORT SAINT LUCIE FL 34952

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TITLE: TD
NAME: MURTHA, HELEN
STREET ADDRESS: 3812 WESTCHESTER CT.
CITY-ST-ZIP: PORT SAINT LUCIE FL 34952

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TITLE: SEC.
NAME: CAROLYN GORDON
STREET ADDRESS: 3713 PEBBLE BEACH LN.
CITY-ST-ZIP: PORT SAINT LUCIE, FL. 34952

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01

Date

561-

879-1198

Daytime Phone #

CR2E037 (10/00)