

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90235 028 \*\*\*150.00

**DOCUMENT # P02000116595**

1. Entity Name  
**CLUB HILL ESTATES, INC.**



Principal Place of Business  
**5000 S FLORIDA AVE 730 CREATIVE DR #7**  
**LAKELAND FL 33813**

Mailing Address  
**P.O. BOX 5378 7328**  
**LAKELAND FL 33807-7328**

2. Principal Place of Business  
**730 CREATIVE DRIVE**

3. Mailing Address  
**P.O. Box 7328**

Suite, Apt. #, etc.  
**7**

Suite, Apt. #, etc.

City & State  
**LAKELAND FL**

City & State  
**LAKELAND FL**

Zip  
**33813**

Country  
**USA**

Zip  
**33807-7328**

Country  
**USA**

4. FEI Number  
**54-2083022**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WENDEL, JOHN F**  
**5300 S FLORIDA AVE**  
**LAKELAND FL 33813**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE <b>PRES.</b>	<input type="checkbox"/> Delete
NAME <b>M. PAUL DIMBATH</b>	
STREET ADDRESS <b>P.O. BOX 7328</b>	
CITY-ST-ZIP <b>LAKELAND FL 33807-7328</b>	
TITLE <b>VP, ASST SEC</b>	<input type="checkbox"/> Delete
NAME <b>JOHN F. WENDEL</b>	
STREET ADDRESS <b>P.O. BOX 5378</b>	
CITY-ST-ZIP <b>LAKELAND FL 33807-5378</b>	
TITLE <b>SEC</b>	<input type="checkbox"/> Delete
NAME <b>CHARLES P. CHARITON</b>	
STREET ADDRESS <b>P.O. BOX 5378</b>	
CITY-ST-ZIP <b>LAKELAND FL 33807-5378</b>	
TITLE <b>TREAS, ASST SEC</b>	<input type="checkbox"/> Delete
NAME <b>ALBERT G. WENDEL</b>	
STREET ADDRESS <b>5150 S. FLORIDA AVE #106</b>	
CITY-ST-ZIP <b>LAKELAND FL 33813</b>	
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 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 607, 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]** **3/18/03** **6469336**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)