

2nd Copy  
**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **99000050231**

1. Entity Name  
**FLORIDA COOL COMMUNITIES INC**

**FILED**

**00 AUG 14 PM 2:38**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2020 S. Fed. Hwy  
Stuart FL 34994**

2. Principal Place of Business  
**Same**

Suite, Apt. #, etc.

City & State

Zip Country

Mailing Address

3. Mailing Address  
**Same**

Suite, Apt. #, etc.

City & State

Zip Country

**5/10/00 900421001 \$300.00**  
DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65 0925674**

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

6. Name and Address of Current Registered Agent  
**RAYMOND S. HURLEY  
3082 Sunset Tr  
Palm City FL 34990**

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]**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>RAYMOND S. HURLEY</b>	<b>3082 Sunset Tr. Palm City FL</b>	<b>34990</b>	<input type="checkbox"/> Delete
	<b>K Bruce Hurley</b>	<b>3082 Sunset Tr Palm City FL</b>	<b>34990</b>	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>[Signature]</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **8-12-2000** **561-283-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)