

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V32437**

1. Entity Name
COUNTRY CLUB BUILDERS, INC.

Principal Place of Business
**ONE URBAN CENTRE-SUITE 695
4830 WEST KENNEDY BLVD.
TAMPA FL 33609-2578**

Mailing Address
**ONE URBAN CENTRE-SUITE 695
4830 WEST KENNEDY BLVD.
TAMPA FL 33609-2578**

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 **65-0331571**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOCAREK, PENNY R
ONE URBAN CENTRE-SUITE 659
4830 WEST KENNEDY BLVD.
TAMPA FL 33609-2578**

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 _____ (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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PCD**
NAME **HARRIS, ROLAND A.**
STREET ADDRESS **4830 W KENNEDY BLVD, STE. 695**
CITY-ST-ZIP **TAMPA FL 33609-2578** ☐ Delete

TITLE **STVD**
NAME **KOCAREK, PENNY R.**
STREET ADDRESS **4830 W KENNEDY BLVD, STE. 695**
CITY-ST-ZIP **TAMPA FL 33609-2578** ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/01 (813)282-8834
Date Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State
09-05-2001 90027 021 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)