

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 220463**

1. Entity Name

**ROLLING HILLS G.C., INC.**

Principal Place of Business

**1749 ART HAGAN PLACE  
LONGWOOD FL 32750**

Mailing Address

**1749 ART HAGAN PLACE  
LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-0997808**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEDLAND, STEPHEN  
1670 JEFFERSON ST  
LONGWOOD FL 32750**

Name

**Sarah Walter**

Street Address (P.O. Box Number is Not Acceptable)

**433 Wilford Ave.**

City

**Longwood,****FL**

Zip Code

**32750**

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

*Sarah M. Walter***Sarah Walter, President****3-5-2001**

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.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEDLAND, STEPHEN</b>	
STREET ADDRESS	<b>1670 JEFFERSON ST</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEDLAND, STEVE</b>	
STREET ADDRESS	<b>955 GLENABBEY CR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DININO, PAT</b>	
STREET ADDRESS	<b>485 RAYMOND AVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARROLL, CHARLIE</b>	
STREET ADDRESS	<b>491 BLACKWOOD AVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BYRNE, JAMES</b>	
STREET ADDRESS	<b>370 CROWN OAK CENTRE DR</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTER, SARAH</b>	
STREET ADDRESS	<b>433 Wilford</b>	
CITY-ST-ZIP	<b>Longwood, FL 32750</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Pete Taulbee</b>	
STREET ADDRESS	<b>2311 Fielding Wood Rd.</b>	
CITY-ST-ZIP	<b>Maitland, FL 32751</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lindsay Johnston</b>	
STREET ADDRESS	<b>224 Adair Ave.</b>	
CITY-ST-ZIP	<b>Longwood, FL 32750</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomas Storey</b>	
STREET ADDRESS	<b>1765 North St.</b>	
CITY-ST-ZIP	<b>Longwood, FL 32750</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Sarah M. Walter***Sarah Walter, Pres.****3-5-2001****(407) 834-6818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90069 014 \*\*\*150.00

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