2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90095 002 ***150.00

DOCUMENT # 387158

1. Entity Name

CHEIFLAND GOLF AND COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
9650 NW 115TH ST CHIEFLND FL 32626 US	9650 NW 115TH STREET CHIEFLAND FL 32626-3843 US

DO NOT WRITE IN THIS SPACE

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 59-1460684 ☐ 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
BEAUCHAMP, GREGORY V. 107 E. PARK AVENUE CHIEFLND FL 32626	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, 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, STONEY 105 NE 5TH ST CHIEFLND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, JAMES P US HWY 129 BRANDFORD FL 32008	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN POWERS HWY 129 BELL FL 32619	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, DOUGLAS HWY 27 EAST CHIEFLND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON LOUCKS 9370 N.W. 114TH ST CHIEFLAND FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENDERSON, SKIPPER 7991 NW 147TH PLACE CHIEFLND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KELLY, ROBERT 28427 79TH ROAD BRANFORD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NABSON, STEWART 11291 NW 99TH COURT CHIEFLND IL 32626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WASSON, STEWART	☒ Change ☐ Addition

CR2E034 (9/99)

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: Barbara H. Cummings BARBARA H. CUMMINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-19-00 Daytime Phone # 352-493-4450