# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 08, 2001 8:00 am**
**Secretary of State**
02-08-2001 90380 029 ***150.00

0471791

DOCUMENT # 387158

1. Entity Name
CHEIFLAND GOLF AND COUNTRY CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9650 NW 115TH ST<br>CHIEFLAND FL 32626<br>US | 9650 NW 115TH STREET<br>CHIEFLAND FL 32626<br>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.<br>107 E. PARK AVENUE<br>CHIEFLAND FL 32626 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, STONEY<br>105 NE 5TH ST<br>CHIEFLAND FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Chesser, Dean<br>9871 N.W. 110th st<br>Chiefland, Fl 32626 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POWERS, ALLEN<br>US HWY 129<br>BELL FL 32019 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Barry, Richard<br>PO Box 651<br>Chiefland, Fl 32644 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Loucks,<br>~~LONGES~~, GORDON<br>9370 NW 114TH ST<br>CHIEFLAND FL 32626 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Bailey, Tom<br>PO Box 2311<br>Chiefland, Fl 32644 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HENDERSON, SKIPPER<br>7991 NW 147TH PLACE<br>CHIEFLAND FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Haskins, Norval<br>8450 NW 120th St<br>Chiefland, Fl 32626 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KELLY, ROBERT<br>28427 79TH ROAD<br>BRANFORD FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Ingram, Jerry<br>PO Box 44<br>Bell, Fl 32619 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILSON, STEWART<br>11291 NW 99TH COURT<br>CHIEFLAND IL 32626 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARBARA CURRENCE → 9391 NW 110 st.<br>~~PO Box 1842~~<br>CHIEFLAND FL ~~32644~~ 32626 | ☐ Change ☒ Addition |

CR2E034 (10/00)

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. Currence Barbara H. Currence 2/6/01 (352)493-2375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #