2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90118 008 ***150.00

000823 AT

DOCUMENT # 387158

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

Principal Place of Business	Mailing Address
9650 NW 115TH ST CHIEFLAND FL 32626 US	9650 NW 115TH STREET CHIEFLAND FL 32626 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 CHIEFLAND 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, 2002 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	D ☑ Delete	TITLE	☐ Change ☒ Addition
NAME	SMITH, STONEY	NAME	
STREET ADDRESS	105 NE 5TH ST	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POWERS, ALLEN	NAME	
STREET ADDRESS	US HWY 129	STREET ADDRESS	
CITY-ST-ZIP	BELL FL 32019	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LONCES, GORDON	NAME	
STREET ADDRESS	9370 NW 114TH ST	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32626	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHESSER, DEAN	NAME	
STREET ADDRESS	9871 NW 110 ST	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32626	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEAN, RICHARD	NAME	
STREET ADDRESS	P O BOX 651	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32626	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAILEY, TOM	NAME	
STREET ADDRESS	P O BOX 2311	STREET ADDRESS	
CITY-ST-ZIP	CHIEFLAND FL 32644	CITY-ST-ZIP	

CR2E034 (9/01)

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: Robin Shepherd 1-17-02 (352) 493-2375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #