2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 387158

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

Principal Place of Business	Mailing Address
9650 NW 115TH ST CHIEFLAND, FL 32626 US	PO BOX 1777 CHIEFLAND, FL 32644 US

DO NOT WRITE IN THIS SPACE

02122008 No Chg-P CR2E034 (11/05)

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

BEAUCHAMP, GREGORY V.
107 E. PARK AVENUE
CHIEFLAND, FL 32626

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEAUCHAMP, ROBERT
STREET ADDRESS	14448
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	DVP
NAME	TUMMOND, DICKEY
STREET ADDRESS	6690 NW110TH ST
CITY-ST-ZIP	CHIEFLAND, FL 32644
TITLE	D
NAME	LEONARD, MARILEE
STREET ADDRESS	TOMAHAWK TRAIL
CITY-ST-ZIP	TRENTON, FL 32626
TITLE	D
NAME	HART, TIM
STREET ADDRESS	6671 SW 108TH AVE
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	D
NAME	CRAWFOR, FRANK
STREET ADDRESS	HIGHWAY 55A
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000847447
03/19/08-80019-011 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl D. (Dick) Tummond III 3/2/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #