2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State
02-11-2003 90081 040 ***150.00

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

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, STONEY 105 NE 5TH ST CHIEFLAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEAUCHAMP, ROBERT 9631 N.W. 110 CIRCLE CHIEFLAND FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWERS, ALLEN US HWY 129 BELL FL 32019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONCES, GORDON 9370 NW 114TH ST CHIEFLAND FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARRINGTON, SID 9547 N.W. 110 STREET CHIEFLAND FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHESSER, DEAN 9871 NW 110 ST CHIEFLAND FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~NONE NONE~~ HASKINS, NOVEL 8450 N.W. 130 STR CHIEFLAND FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAN, RICHARD P O BOX 651 CHIEFLAND FL 32626	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASSON NEWCOMB 8751 N.W. 111 LANE CHIEFLAND FL 32626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, TOM P O BOX 2311 CHIEFLAND FL 32644	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELTON, JACK 4645 SW. 84 DR GAINSVILLE FL 32608	☐ Change ☒ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/15/03 352-493-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #