2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # 619313** 1. Entity Name FEATHER SOUND COUNTRY CLUB, INC. 05-03-2001 90965 008 ***150.00 Mailing Address Principal Place of Business 2201 FEATHER SOUND DRIVE 2201 FEATHER SOUND DRIVE 545893 CLEARWATER FL 34622 CLEARWATER FL 34622 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2028155 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEISTAND, PAUL- ALLISON Street Address (P.O. Box Number is Not Acceptable) 221 2ND AVENUE NORTH ST. PETERSBURG FL 33701 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change Addition SD X Delete TITLE PD TITLE NAME Lloyd, Mike PURVIS, ALBERT NAME STREET ADDRESS STREET ADDRESS 2412 Lake Point Drive 14238 LARK CT Clearwater, FL 33762 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** Addition ΤD ☐ Change 🔀 Delete TITLE TITLE TD Bender, Doug NAME NAME KENNEDY, FRANK STREET ADDRESS 2759 Heron Place STREET ADDRESS 14521 TEAL CT CITY-ST-ZIP Clearwater, FL 33762 CITY-ST-ZIP CLEARWATER FL 33762 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME HUBER, ROBERT STREET ADDRESS STREET ADDRESS 5940 BALI WAY S. CITY-ST-ZIP CITY-ST-ZIP ST. PETE BEACH FL 33706 K Change PD ☐ Addition ☐ Delete TITLE TITLE SD NAME NAME RICE, JACK STREET ADDRESS STREET ADDRESS 14261 LARK CT CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** Addition ☐ Change □ Delete DITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information explained with his 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 superfemental eport is true and accurate and that if y 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition