

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90710 046 ***550.00

DOCUMENT # 645549

1. Entity Name
LAKE CITY COUNTRY CLUB, INC.

Principal Place of Business
RT 13 BOX 436
LAKE CITY FL 32055

Mailing Address
RT 13 BOX 436
LAKE CITY FL 32055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1991863

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AFRICANO, VICTOR
106 WHITE AVENUE
SUITE C
LIVE OAK FL 32060

Name
Richard Powell
 Street Address (P.O. Box Number is Not Acceptable)
RT 13 Box 382
 City
LAKE CITY FL FL Zip Code
32055

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]*
 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 NAME STREET ADDRESS CITY-ST-ZIP	S AFRICANO, VICTOR 106 WHITE AVENUE SUITE C LIVE OAK FL 32060	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISHTON, SCOTT P.O. BOX 2153 LAKE CITY FL 32056	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOREMAN, RON 1387 S FIRST STREET LAKE CITY FL 32055	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRUMMON, JOE RT 13 BOX 331-10 LAKE CITY FL 32055	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Richard Powell RT 13 Box 382 LAKE CITY FL 32055	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paul Wengert RT 13 Box 379 LAKE CITY FL 32055	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

2002-05-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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02 **386 752 0721**
 Date Daytime Phone #