

**2000 UNIFORM BUSINESS REPORT (UBR)**

7/2

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90004 027 \*\*\*\*61.25

**DOCUMENT # 703538**

1. Entity Name

HAVANA GOLF AND COUNTRY CLUB, INC.

*R*

Principal Place of Business COUNTRY CLUB DRIVE HAVANA FLA 32333	Mailing Address PO BOX 832 HAVANA FL 32333 US
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number <b>59-0974985</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BATES, NOEL E.**  
**908 CIRCLE DRIVE**  
**HAVANA FL 32333**

7. Name and Address of New Registered Agent  
 Name **DAVID ASHMORE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**COUNTRY CLUB DRIVE**  
 City **HAVANA** FL Zip Code **32333**

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

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BATES, NOEL E.</b> <b>908 CIRCLE DRIVE</b> <b>HAVANA FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>STEPHENS, ALPHA</b> <b>107 N.E. 7TH ST.</b> <b>HAVANA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HUGHES, JIMMY</b> <b>RT 3 BOX 3806</b> <b>HAVANA FL 32333</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MILLER, DAN</b> <b>206 E 6TH AVE</b> <b>HAVANA FL 32333</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>DAVID ASHMORE</b> <b>COUNTRY CLUB DRIVE</b> <b>HAVANA, FL 32333</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>RAY ALEXANDER</b> <b>217 COUNTRY CLUB DRIVE</b> <b>HAVANA, FL 32333</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>BUSBY, UNDEVELOPED</b> <b>410 LIVE OAK LANE WEST</b> <b>HAVANA, FL 32333</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **DAVID ASHMORE** **7-14-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #