2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 710777

1. Entity Name

Principal Place of Business

SOMBRERO COUNTRY CLUB, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90246 044 ****61.25

| 4000 SOMBRERO BLVD. MARATHON FL 33050 US | | | P.O. BOX 500969 MARATHON FL 33050-0969 US | | | 60015357 | | | |
|---|--|--------------------------------|---|--|---|---|-----------------------------|--------------------------------|--------------|
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | City & State | | | 4. FEI Number 59-1142228 Applied For | | | |
| Zip | Country | | Zip | Country | | 5. Certificate of Status Desired See Required Not Applicable Fee Required | | | |
| | 6. Name and A | egistered Agent | | - | 7Name and A | ddress of New Reg | | | |
| HEFFERNAN, W.J. J 2975 OVERSEAS HIGHWAY MARATHON FL 33050 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | City | | | | FL Zip Co | ſ |
| 8. The above | e named entity subm tions of registered a | its this statement for t | he purpose of changing its r | egistered offi | ce or registere | ed agent, or both, | in the State of Florida | a. I am familiar with | , and accept |
| SIGNATURE | | I name of registered agent and | d title if applicable. (NOTE: | Registered Agent | signature required | when reinstating) | | DATE | |
| | FILE NOW: FEE | IS \$61.25 | 9. Election Cam Trust Fund Co | _ | ~ ~ | \$5.00 May Be Added to Fees | | Check Payable Department of | |
| 10. | | OFFICERS AND DIRE | L CTORS | 11. | A | DDITIONS/CHAN | LIGES TO OFFICERS : | AND DIRECTORS II | V 10 |
| TITLE . NAME STREET ADDRESS CITY-ST-ZIP | PALGUTA, ROBE 721 W. OCEAN I KEY COLONY BI | DR., APT. 1 | ☐ Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FUNK, LOUIS JE 1025 W. OCEAN KEY COLONY BI | | ☑ Telete | TITLE NAME STREET ADDR CITY-ST-ZIP | S GREG 117 | ge Allen Coco plun | -Bild. 46 11-3305 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DANIELS, WILLIA 2341 SOMBRERO MARATHON FL-C |) B LVD. | 1 € Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | Pet P C | er Don | nelly 10175 Bch. FL 3 | ☐ Change | n⊒∻adition |
| TITLE NAME STREET ADDRESS (CITY-ST-ZIP | VP Baumgartner, 100 Tingler ISL Marathon FL 3 | and | ☐ Delete | TITLE NAME STREET ADDRI CITY-ST-ZIP | | | " | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FUNK, LOUIS JR 1025 W OCEAN MARATHON FL 3 | DRIVE | ☐ Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | SS . | | | ☐ Change | ☐ Addition |
| | T Frashier, gary Manor Lane Marathon Fl 3 | | ☐ Delete | TITLE NAME STREET ADDRE CITY-ST-ZIP | SS | | | ☐ Change | 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:

3/21/03