

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90011 042 ****61.25

DOCUMENT # 721957

1. Entity Name

PONCE INLET CLUB SOUTH, INC.

Principal Place of Business

Mailing Address

**4799 SOUTH ATLANTIC AVENUE
 PONCE INLET FL 32127**

**4799 SOUTH ATLANTIC AVENUE
 PONCE INLET FL 32127-7109**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1551613

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

**DUPREE, SALLY W
 4799 S ATLANTIC AVE
 SUITE 106
 PONCE-INLET FL 32127**

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.

SIGNATURE *Sally W. Dupree*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-2000

**FILE NOW:
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **PIERSON, CHARLE**
 STREET ADDRESS **931 BRAY RD**
 CITY-ST-ZIP **MOORESVILLE IN 46158**

TITLE **P/D** Change Addition
 NAME **LANCASTER, FRANK R.**
 STREET ADDRESS **4799 S. ATLANTIC AVENUE #301**
 CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE **D** Delete
 NAME **MARTIN, FRED**
 STREET ADDRESS **7450 FIELDS DR**
 CITY-ST-ZIP **CUMMING GA 30041**

TITLE **V/D** Change Addition
 NAME **PIERSON, CHARLES**
 STREET ADDRESS **931 BRAY ROAD**
 CITY-ST-ZIP **MOORESVILLE, IN 46158**

TITLE **D** Delete
 NAME **TOLLISON, SAMMIE**
 STREET ADDRESS **4799 S ATLANTIC AVE #305**
 CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **S** Change Addition
 NAME **DUPREE, SALLY W.**
 STREET ADDRESS **4799 S. ATLANTIC AVENUE #106**
 CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE **DV** Delete
 NAME **BLANZ, GWEN**
 STREET ADDRESS **2348 TRISTAN CIRCLE NE**
 CITY-ST-ZIP **ATLANTA GA 30345**

TITLE **T/D** Change Addition
 NAME **HARTLEY, C.W.**
 STREET ADDRESS **4799 S. ATLANTIC AVENUE #502**
 CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE **D** Delete
 NAME **LEWANDOWSKI, RON**
 STREET ADDRESS **527 WAYBRIDGE RD**
 CITY-ST-ZIP **TOLEDO OH 43612**

TITLE **D** Change Addition
 NAME **BLANZ, GWEN**
 STREET ADDRESS **2348 TRISTAN CIRCLE NE**
 CITY-ST-ZIP **ATLANTA, GA 30345**

TITLE **D** Delete
 NAME **CARSWELL, CURTIS**
 STREET ADDRESS **4799 S ATLANTIC AVE #205**
 CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **D** Change Addition
 NAME **MCGUIRE, THOMAS**
 STREET ADDRESS **5328 CARLINGFORT DRIVE**
 CITY-ST-ZIP **TOLEDO, OH 43623**

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 a similar like empowered.

SIGNATURE: **FRANK R. LANCASTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-2000

Date

(904) 756-7841

Daytime Phone #

CR2E037 (9/99)