

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90191 012 \*\*\*\*61.25

**DOCUMENT # 721957**

1. Entity Name

**PONCE INLET CLUB SOUTH, INC.**

Principal Place of Business

4799 SOUTH ATLANTIC AVENUE  
 PONCE INLET FL 32127

Mailing Address

4799 SOUTH ATLANTIC AVENUE  
 PONCE INLET FL 32127

00009839



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

59-1551613

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

Louise McGowan

Street Address (P.O. Box Number is Not Acceptable)

4799 S. ATLANTIC AVE

Suite 106

City

Ponce Inlet,

FL

Zip Code

32127

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

*Louise McGowan, Manager*

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

(NOTE: Registered Agent signature required when reinstating)

1-13-01

DATE

**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 NAME	PD LANCASTER, FRANK R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4799 S ATLANTIC AVE #301	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE NAME	D MARTIN, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	7450 FIELDS DR	
CITY-ST-ZIP	CUMMING GA 30041	
TITLE NAME	D TOLLISON, SAMMIE	<input type="checkbox"/> Delete
STREET ADDRESS	4799 S ATLANTIC AVE #305	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE NAME	TD HARTLEY, C W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4799 S ATLANTIC AVE #502	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE NAME	D LEWANDOWSKI, RON	<input type="checkbox"/> Delete
STREET ADDRESS	527 WAYBRIDGE RD	
CITY-ST-ZIP	TOLEDO OH 43612	
TITLE NAME	D MCGUIRE, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	5328 CARLINGFORT DR	
CITY-ST-ZIP	TOLEDO OH 43623	

TITLE NAME	PD CHARLIE PIERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	931 BRAY RD	
CITY-ST-ZIP	MOORESVILLE, IND 46158	
TITLE NAME	TD James Little	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	155-A Goodman Cir	
CITY-ST-ZIP	ROVOCORD, NC 28025	
TITLE NAME	VPD Tom GAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4141 EDgewater DR	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE NAME	SD GWEN BLANZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2348 TRISTAN Cir	
CITY-ST-ZIP	ATLANTA, GA 30345	
TITLE NAME	D Steve Wilent	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2802 COUNTY CLARE Rd	
CITY-ST-ZIP	GREENSBORO, NC 27407	
TITLE NAME	D JOANNE BYNUM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	128 DEERWOOD TR	
CITY-ST-ZIP	SHARPSBERG, GA 30277	

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01

Date

CR2E037 (10/00)

Ponce Inlet Club South

# 11

ADD

Director # 11

<sup>D</sup>  
NELSON CAICEDO  
5087 FALMOUTH RD  
TROY, MI. 48098

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