

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721957

1. Entity Name

PONCE INLET CLUB SOUTH, INC.

FILED

02 FEB -6 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02672

Principal Place of Business 4799 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127	Mailing Address 4799 SOUTH ATLANTIC AVENUE PONCE INLET FL 32127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-1551613	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCGOWAN, LOUISE
4799 S ATLANTIC AVE
SUITE 108
PONCE-INLET FL 32127

7. Name and Address of New Registered Agent

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.

100004915651--5
-02/13/02--01074--012

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

*****DATE: 25 *****61.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERSON, CHARLIE 931 BRAY RD MOORESVILLE IN 48158 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, FRED 7450 FIELDS DR CUMMING GA 30041 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLISON, SAMMIE 4799 S ATLANTIC AVE #305 PONCE INLET FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANZ, GWEN 2348 TRISTAN CIR ATLANTA GA 30345 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWANDOWSKI, RON 527 WAYBRIDGE RD TOLEDO OH 43612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, THOMAS 5328 CARLINGFORD DR TOLEDO OH 43623 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, CHARLIE 931 BRAY RD MOORESVILLE, IN 46158 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, FRED 7450 FIELDS DR CUMMING, GA 30041 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAY, Tom 4141 Edgewater DR ORLANDO, FL 32804 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKENT, STEPHEN 2802 COUNTY CLARE RD GREENSBORO, NC 27407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, JAY 155-A Goodman Circle CONCORD, NC 28025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOLLISON, Hugh P.O. Box 937 AMELIA ISLAND, FL 32035 <input type="checkbox"/> Change <input checked="" 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 02
Date

Daytime Phone #

CR2E037 (9/01)