

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2000 90010 012 \*\*\*\*61.25

**DOCUMENT # 726199**

1. Entity Name  
**CARD SOUND GOLF CLUB, INC.**

Principal Place of Business <b>100 COUNTRY CLUB DR.          OCEAN REEF CLUB          KEY LARGO FL 33037</b>	Mailing Address <b>100 COUNTRY CLUB DR.          OCEAN REEF CLUB          KEY LARGO FL 33037-3708</b>
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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
Zip	Country

4. FEI Number <b>59-1507550</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SKOGLUND, ADELAIDE  
 17 CARD SOUND ROAD  
 KEY LARGO FL 33037**

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.

SIGNATURE *Adelaide Skoglund*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HUNT, BRIAN 13 OSPREY LANE KEY LARGO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMITH, MICHAEL 38 CARDINAL LANE KEY LARGO FL 33037</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RICE, LARRY JR 09 HALFWY RD KEY LARGO FL 33037</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SKOGLUND, ADELAIDE 17 CARD SOUND ROAD KEY LARGO FL 33037</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JACOBSON, DAVID 52 ANGELFISH CAY DR KEY LARGO FL 33037</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KAHN, BONNIE 100 ANCHOR DR., #22 KEY LARGO FL 33037</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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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: *Adelaide Skoglund*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)