2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726951

1. Entity Name

ARROWHEAD GOLF & TENNIS CLUB NUMBER ONE ASSOCIAT

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90111 037 ****61.25

Principal Place of Business	Mailing Address
1850 S.W. 81 AVENUE DAVIE FL 33324 US	13730 STATE RD 84 SUITE 136 DAVIE FL 33325-5306

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1521369 ☐ Applied For ☐ Not Applicable

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
MCPHARLIN, WILLIAM J. P.A. 1 EAST BROWARD BLVD SUITE 1560 FT. LAUDERDALE FL 33301	Name: William J Mc Pharlin P.A. Street Address (P.O. Box Number is Not Acceptable): 3015 North Ocean Blvd Suite 122 City: Ft Lauderdale FL Zip Code: 33308

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 _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CEGGESHALL, TERRY 8080 SW 18TH PLACE DAVIE FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Coggeshall Terry OP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HELTON, JAMES 1785 SW 81 WAY DAVIE FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GENTILE, TINA 1844 SW 81 WAY DAVIE FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDEZ, LOU 8020 SW 18TH COURT DAVIE FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEISSMAN, LEE 8060 SW 18TH PL DAVIE FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Terry Coggeshall SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #