

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 730250**

1. Entity Name

**SADDLEBROOK GOLF AND COUNTRY CLUB PROPERTY OWNER**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90001 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 7124  
 WESLEY CHAPEL FL 33543

P.O. BOX 7124  
 WESLEY CHAPEL FL 33543-7124



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

**59-2113734**

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

**SAWYER, EDWARD**  
**5125 PINE TREE LANE**  
**WESLEY CHAPEL FL 33543**

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

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 **D**  Delete  
 NAME **DUPONT, JEFF**  
 STREET ADDRESS **5210 LONDONDERRY LANE**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **D**  Change  Addition  
 NAME **Cerrito, Steve**  
 STREET ADDRESS **5049 Quail Cove**  
 CITY-ST-ZIP **Wesley Chapel, FL 33543**

TITLE **DP**  Delete  
 NAME **GERMAN, BRUCE**  
 STREET ADDRESS **5254 SADDLEBROOK WAY**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **D**  Change  Addition  
 NAME **Haseltine, Bruce**  
 STREET ADDRESS **5136 Londonderry Lane**  
 CITY-ST-ZIP **Wesley Chapel, FL 33543**

TITLE **DST**  Delete  
 NAME **BRIGGS, TONI**  
 STREET ADDRESS **29448 AZALEA LANE**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV**  Delete  
 NAME **SAWYER, EDWARD**  
 STREET ADDRESS **5125 PINE TREE LANE**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **O'SHAUGHNESSY, THOMAS**  
 STREET ADDRESS **5239 SADDLEBROOK WAY**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **D/P**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Antoinette (Toni) Briggs  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 813/973-0546  
 Date Daytime Phone #

CR2E037 (9/99)