2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
02-01-2000 90051 005 ****61.25

DOCUMENT # 740448

1. Entity Name

COVE CAY COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
2612 COVE CAY DRIVE CLEARWATER FL 33760	2612 COVE CAY DRIVE CLEARWATER FL 33760-1302

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 59-1768044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOARDMAN, LAMBERT D
2612 COVE CAY DRIVE
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name William Owen
Street Address (P.O. Box Number is Not Acceptable) 2612 Cove Cay Drive
City Clearwater **FL** Zip Code 33760

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	P/D WILLIAMS, DON 2618 COVE CAY DRIVE #107 CLEARWATER FL 33760	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D FRED INGHAM 2614 COVE CAY DR CLEARWATER, FL 33760	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS INGHAM,, FRED 2614 COVE CAY DRIVE CLEARWATER FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT - SECRETARY D DAN MCDONOUGH 3200 COVE CAY DR. 1-A CLEARWATER, FL 33760	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T COOK, GLENN 13106 CENTER AVENUE LARGO FL 43643	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT TREASURER D ROBERT JONES 2620 COVE CAY DR. #605 CLEARWATER, FL. 33760	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TELLER, PAUL 2618 COVE CAY DRIVE #907 CLEARWATER FL 33760	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN D PAUL TELLER 2618 COVE CAY DRIVE #907 CLEARWATER, FL 33760	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUNELLE, RICHARD 2375 NURSERY ROAD CLEARWATER FL 34624	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN D RICHARD BRUNELLE 2375 NURSERY ROAD CLEARWATER, FL 34624	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIEFER, ROBERT 2617 COVE CAY DRIVE #102 CLEARWATER FL 33760	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRPERSON D JOY LYONS 2614 COVE CAY DR. #208 CLEARWATER, FL. 33760	☐ Change ☒ 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 William Owen - Club Manager 1-27-00 727-536-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #