

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90337 044 \*\*\*\*61.25

**DOCUMENT # 746702**

1. Entity Name

**CALOOSA GOLF AND COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

**2115 CALOOSA BLVD.  
 SUN CITY CENTER FL 33573**

**2115 CALOOSA BLVD.  
 SUN CITY CENTER FL 33573**

**00021333**



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 **59-1971678**

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

**PELLEGRENE, SUE  
 2115 CALOOSA BLVD  
 SUN CITY CENTER FL 33573**

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 **MCCUE, F. VIRGINIA**  
 STREET ADDRESS **2006 WEDGE CT.**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☒ Delete  
 NAME **NUXOLL, CHARLES R**  
 STREET ADDRESS **2426 DEL WEBB BLVD EAST**  
 CITY-ST-ZIP **SUN CITY FL 33573**

TITLE **P** ☒ Change ☐ Addition  
 NAME **HOFFER, LOREN K.**  
 STREET ADDRESS **2007 WEDGE CT.**  
 CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **SD** ☐ Delete  
 NAME **CLEARY, NANCY**  
 STREET ADDRESS **709 OJAI AVENUE**  
 CITY-ST-ZIP **SUN CITY FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete  
 NAME **TANEY, WALTER L**  
 STREET ADDRESS **105 EL TURCO CT**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete  
 NAME **NUXOLL, CHARLES**  
 STREET ADDRESS **2426 DEL WEBB BLVD.**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **VP** ☐ Change ☐ Addition  
 NAME **CLINE, DORIS**  
 STREET ADDRESS **303 CALOOSA WOODS**  
 CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☐ Delete  
 NAME **SMILEY, TALT T**  
 STREET ADDRESS **1511 BLACKSTONE CR**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ 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: REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/01**

**813-634-4954**

Date

Daytime Phone #

CR2E037 (10/00)