

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90255 008 ****61.25

DOCUMENT # 746702

1. Entity Name
CALOOSA GOLF AND COUNTRY CLUB, INC.



Principal Place of Business
**2115 CALOOSA BLVD.
SUN CITY CENTER FL 33573**

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

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 **59-1971678**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

Sue Pellegrine, Office Manager

February 13, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☐ Delete
NAME **ZIZELMAN, FREDERICK**
STREET ADDRESS **352 CALOOSA PALM CT**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **P** ☒ Delete
NAME **CLINE, DORIS J**
STREET ADDRESS **393 CALOSSA-WOODS LN**
CITY-ST-ZIP **SUN CITY FL 33573**

TITLE **SD** ☐ Delete
NAME **BEILHARZ, MARY E**
STREET ADDRESS **1506 VALLEY FORGRE**
CITY-ST-ZIP **SUN CITY FL**

TITLE **T** ☒ Delete
NAME **BARRON, WILLIAM A**
STREET ADDRESS **1945 EAST VIEW DR**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Frederick Zizelman**
STREET ADDRESS **2010 East View Dr.**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **Vice President** ☒ Change ☒ Addition
NAME **Jessee Wilson**
STREET ADDRESS **2003 East-View Dr.**
CITY-ST-ZIP **Sun City Center, FL 33573**

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

TITLE **Treasurer** ☒ Change ☒ Addition
NAME **Eugene Scoppettuolo**
STREET ADDRESS **1602 Poplar Glen Ct.**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE ☐ Change ☐ Addition
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:

Eugene Scoppettuolo, Treasurer

Date

Daytime Phone #

813.634.4954

CR2E037 (10/02)