

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 754532**

1. Entity Name

**GOLF VIEW DRIVE ASSOCIATION, INC.**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90040 043 \*\*\*\*61.25

Principal Place of Business <b>1096 OLD HIGHWAY 98 SUITE C102B DESTIN FL 32541 US</b>	Mailing Address <b>1096 OLD HWY 98 SUITE C102B DESTIN FL 32541-7015 US</b>
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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 <b>59-2133461</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>LEE, CATHY J</del> <b>1096 OLD HWY 98 SUITE C-102B DESTIN FL 32541</b>		Name <b>DAVID W. BELL</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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: **David W. Bell, Agent** DATE: **03-27-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE <b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NUSSBAUMER, FRED</b>		NAME <b>NUSSBAUMER, FRED</b>	
STREET ADDRESS <b>366 GOLFVIEW DR</b>		STREET ADDRESS <b>366 GOLFVIEW DR</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURRUS, ERCELLE</b>		NAME <b>BURRUS, ERCELLE</b>	
STREET ADDRESS <b>320 BEAUMONT DR</b>		STREET ADDRESS <b>5512 Hampton Heights Dr.</b>	
CITY-ST-ZIP <b>BIRMINGHAM AL</b>		CITY-ST-ZIP <b>Birmingham, AL 35209</b>	
TITLE <b>STD</b>	<input type="checkbox"/> Delete	TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOODGAME, HUGHEL</b>		NAME <b>HUGHEL GOODGAME, JR.</b>	
STREET ADDRESS <b>363 GOLFVIEW DR</b>		STREET ADDRESS <b>P.O. Box 128</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		CITY-ST-ZIP <b>ANNISTON, AL 36202</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ECKERT, LEROY</b>		NAME <b>ECKERT, LEROY</b>	
STREET ADDRESS <b>PO BOX 6133</b>		STREET ADDRESS <b>PO BOX 6133</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		CITY-ST-ZIP <b>DESTIN FL 32541</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAYES, WILLIAM</b>		NAME <b>WILLIAM HAYNES</b>	
STREET ADDRESS <b>1441 WIMBLEDON DR</b>		STREET ADDRESS <b>1441 WIMBLEDON DR</b>	
CITY-ST-ZIP <b>KENNESAW GA 30144</b>		CITY-ST-ZIP <b>KENNESAW GA 30144</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAYNES, WILLIAM</b>		NAME <b>HAYNES, WILLIAM</b>	
STREET ADDRESS <b>1441 WIMBLEDON DR</b>		STREET ADDRESS <b>1441 WIMBLEDON DR</b>	
CITY-ST-ZIP <b>KENNESAW GA 30144</b>		CITY-ST-ZIP <b>KENNESAW GA 30144</b>	

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: **Ericelle Burrus** DATE: **3/18/2000** DAYTIME PHONE #: **205 942 9242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR