

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90082 026 ****61.25

0063087

DOCUMENT # 755630

1. Entity Name

SPANISH LAKES COUNTRY CLUB SERVICE CORPORATION,

Principal Place of Business

**8000 SOUTH US 1, STE 402
 PORT ST. LUCIE FL 34952**

Mailing Address

**8000 SOUTH US 1, STE 402
 PORT ST. LUCIE FL 34952**

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

59-2169259

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, HARVEY
 8000 SOUTH US 1, STE 402
 PORT ST. LUCIE FL 34952**

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.

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 | Change | Addition |
|---------------------------------|-------------------------------|-------------------------------|--------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Delete | D FISHER, ALLEN | 8000 S US 1 SUITE #402 | PORT ST LUCIE, FL 00000 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | D BRANDI, JACK | 8000 S US 1 STE. 402 | PT. ST. LUCIE FL | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | PD WYNNE, JOEL F | 8000 S US 1 SUITE #402 | PORT ST LUCIE, FL 00000 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | STD NEWMAN, HARVEY | 8000 S US 1 SUITE #402 | PORT ST LUCIE, FL 00000 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | D CARLSON, MARILYN | 8000 S US 1, STE, 402 | PT. ST. LUCIE FL | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> 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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED **Joel F Wynne** **2-15-01** **(561) 878-5513**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE