

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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90083 032 \*\*\*\*61.25

**DOCUMENT # 755630**

1. Entity Name

**SPANISH LAKES COUNTRY CLUB SERVICE CORPORATION,  
INC.**



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

7. Name and Address of New Registered Agent

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	GEORGE, CAMINO	8000 S US 1 SUITE #402	PORT SAINT LUCIE FL 34952	<input type="checkbox"/>						
D	REIFF, JOHN	8000 S US 1 STE 402	PORT SAINT LUCIE FL 34952	<input type="checkbox"/>						
PD	WYNNE, JOEL F	8000 S US 1 SUITE #402	PORT ST LUCIE, FL 00000	<input type="checkbox"/>						
STD	NEWMAN, HARVEY	8000 S US 1 SUITE #402	PORT ST LUCIE, FL 00000	<input type="checkbox"/>						
D	CARLSON, MARILYN	8000 S US 1, STE, 402	PT. ST. LUCIE FL	<input type="checkbox"/>						
				<input type="checkbox"/>						

CR2E037 (10/02)

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** Joel F. Wynne 1/15/03 (772) 878-5513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR