

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90025 023 ****61.25

DOCUMENT # 756091

1. Entity Name

RIO PINAR COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

8600 EL PRADO DR.
 ORLANDO FL 32825

8600 EL PRADO DR.
 ORLANDO FL 32825-8228

A0071507



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

59-0835421

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

STRZALKO, JAMES
569 LAGOON DR.
OVIEDO FL 32765

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:
FEÉ 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	VP	<input type="checkbox"/> Delete
NAME	SMITH, ROSEMARY	
STREET ADDRESS	8330 CARACAS AVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARRUTHERS, WARREN	
STREET ADDRESS	932 PINTA DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUMM, PAUL	
STREET ADDRESS	820 DEERWOOD AVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LANGSTON, DAN	
STREET ADDRESS	1523 ENSENADA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	X P	<input type="checkbox"/> Delete
NAME	SPRIES, GEORGE	
STREET ADDRESS	830 PINAR DR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORHEAD, TIM	
STREET ADDRESS	1407 COTSWOLD DR	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT AMICO	
STREET ADDRESS	831 LONGHAVEN DR.	
CITY-ST-ZIP	MAITLAND, FL. 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MECK MICKLAUZINA	
STREET ADDRESS	1956 COTSWOLD DR.	
CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK WEISS	
STREET ADDRESS	1807 MORGAN'S MILL CIRCLE	
CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARENCE KEARCK	
STREET ADDRESS	1608 BILLINGHURST COURT	
CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES MARSHALL	
STREET ADDRESS	8517 SPARROW HAWK CT,	
CITY-ST-ZIP	ORLANDO, FL. 32829	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of George Spries
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-00

Date

Daytime Phone #

CR2E037 (9/99)