2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90128 035 ****61.25

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DOCUMENT # N12778

1. Entity Name

LOST CREEK VILLAGE AT VINES COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
PEGASUS PROPERTY MANAGEMENT. INC. 17595 S TAMIAMI # 200-2 FORT MYERS FL 33908 US	PEGASUS PROPERTY MANAGEMENT. INC. 17595 S TAMIAMI # 200-2 FORT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17595 S. TAMIAMI TRAIL	17595 S. TAMIAMI TRAIL
Suite, Apt. #, etc.: # 100	Suite, Apt. #, etc.: # 100
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2763947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STILSON, BARBARA
C/O PEGASUS PROPERTY MANAGEMENT
19595 S TAMIAMI # 200-2
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17595 S. TAMIAMI TRAIL; #100

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 Barbara A Stilson, CAM
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	DP BRADEN, JIM 19603 LOST CREEK DR. FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LAZAROFF, JIM 19665 LOST CREEK DR. FT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHERER, JACK 19629 LOST CREEK DR FORT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEBBA, JOHN 19633 LOST CREEK DR FORT MYERS FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WAINSCOTT, DUB 19632 Lost CREEK DR. FORT MYERS, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARLEY, DAVID 19663 LOST CREEK DR. FT. MYERS FL 33912	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HASSALL, William 19544 Lost Creek DR FORT MYERS, FL 33912	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Jack Scherer REQUIRED JACK SCHERER 4/2/01 941-454-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #