

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0094731

DOCUMENT # N13857

1. Entity Name

GLENEAGLES GOLF VILLAS, INC.

04-09-2002 90065 033 ****61.25

Principal Place of Business

Mailing Address

2180 W SR 434
 #5000
 LONGWOOD FL 32779
 US

2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044
 US

0 2 5 9 0 8



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

59-2902723

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

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
 2180 W. STATE RD. 434, STE. 5000
 LONGWOOD FL 32779

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	<input type="checkbox"/> Delete
PD	FOX, ROBERT	2485 S GLENEAGLES DR	DELAND FL 32724	<input type="checkbox"/>
SD	SNOAK, DEBBIE	2490 S. GLENEAGLES DR	DELAND FL 32724	<input type="checkbox"/>
D	HERTENSTEIN, LOUISE	2430 S. GLENEAGLES DR	DELAND FL 32724	<input checked="" type="checkbox"/>
TD	BAILEY, NORMA	2600 S. GLENEAGLES DR	DELAND FL 32724	<input type="checkbox"/>
VD	COFFIN, WILLIAM	2485 S. GLENEAGLES DR	DELAND FL 32724	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	SMOAK, DEBBIE	2490 S. GLENEAGLES DRIVE	DELAND, FL 32724	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	CLARK, CLYDE	2420 S GLENEAGLES DRIVE	DELAND, FL 32724	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *G. Robert Fox* **G. Robert Fox**

2/2/02 **386-423-7796**
 Date Daytime Phone #

CR2E037 (9/01)