2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90079 028 ****61.25

DOCUMENT # N14911

1. Entity Name

INDIAN TRAILS CLUB, INC.

Principal Place of Business	Mailing Address
4445 NORTH A1A SUITE 150 VERO BEACH FL 32963 US	4445 NORTH A1A SUITE 150 VERO BEACH FL 32963 US

DO NOT WRITE IN THIS SPACE

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 36-3517986 ☐ 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
CAMCO SERVICES, INC. 4445 NORTH A1A SUITE 150 VERO BEACH FL 32963	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 PAUL PALESTRINI, MANAGING AGENT 2/8/00
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	P SCHROEDER, WAYNE 4445 NORTH A1A, #150 VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BOB MACFARLAND 885 RIVER TRAIL VERO BEACH, FL 32963	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MACFARLAND, ROBERT 4445 NORTH A1A, #150 VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT WILLIAM FITZGIBBONS 1041 RIVER TRAIL VERO BEACH, FL 32963	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T GUTIERREZ, PETER 4445 NORTH A1A, #150 VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY NANCY DIMARO 301 LEGEND TRAIL VERO BEACH, FL 32963	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KINKEAD, T. 4445 NORTH A1A, #150 VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BARBARA LEVERE 701 CANOE TRAIL VERO BEACH, FL 32963	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERCE, PHIL 4445 NORTH A1A, #150 VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WAYNE SCHROEDER 500 SUNDANCE TRAIL VERO BEACH, FL 32963	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVERE, HERB 4445 NORTH A1A, #150 VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR HOWARD RECILIS 530 SUNDANCE TRAIL VERO BEACH, FL 32963 DIRECTOR PETER GUTIERREZ 711 CANOE TRAIL VERO BEACH, FL 32963	☐ Change ☐ Addition

CR2E037 (9/99)

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: X Robert MacFarland JR 2/10/00 (561) 234-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #