

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90396 009 ****61.25

0014891

DOCUMENT # N14911

1. Entity Name

INDIAN TRAILS CLUB, INC.

Principal Place of Business

Mailing Address

C/O ELLIOT MERILL MANAGEMENT
 1105 12TH ST
 VERO BEACH FL 32960
 US

C/O ELLIOT MERILL MANAGEMENT
 1105 12TH ST
 VERO BEACH FL 32960
 US

001000



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

36-3517986

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

MERRILL, KAREN L
 C/O ELLIOTT MERRILL COMMUNITY MGMT
 1105 12TH ST
 VERO BEACH FL 32960

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	P	☒ Delete
NAME	MACFARLAND, BOB	
STREET ADDRESS	885 RIVER TRAIL	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	☒ Delete
NAME	FITZGIBBONS, WILLIAM	
STREET ADDRESS	1041 RIVER TRAIL	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	S	☒ Delete
NAME	DIMAO, NANCY	
STREET ADDRESS	301 LEGEND TRAIL	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	T	☒ Delete
NAME	LEVERE, BARBARA	
STREET ADDRESS	201 CANOE TRAIL	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	☒ Delete
NAME	SCHROEDER, WAYNE	
STREET ADDRESS	500 SUNDANCE TRAIL	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	☒ Delete
NAME	RECKIS, HOWARD	
STREET ADDRESS	530 SUNDANCE TRAIL	
CITY-ST-ZIP	VERO BEACH FL 32963	

TITLE	P	☐ Change ☒ Addition
NAME	Beardslee, William	
STREET ADDRESS	621 Tomahawk Trail	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	VP	☐ Change ☒ Addition
NAME	MacFarland, John	
STREET ADDRESS	980 River Trail	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	S	☐ Change ☒ Addition
NAME	Garretson, Alan	
STREET ADDRESS	111 Chiefs Trail	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	T	☐ Change ☒ Addition
NAME	Sposa, Helen	
STREET ADDRESS	320 Legend Trail	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	☐ Change ☒ Addition
NAME	Kemp, Michelle	
STREET ADDRESS	331 Legend Trail	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	☐ Change ☒ Addition
NAME	Dmara, William	
STREET ADDRESS	885 River Trail	
CITY-ST-ZIP	VERO BEACH, FL 32963	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)