

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90094 030 ****61.25

0048996

DOCUMENT # N38012

1. Entity Name

SEMINOLE GOLF CLUB, INC.

Principal Place of Business

901 SEMINOLE BLVD.
 JUNO BEACH FL 33408
 US

Mailing Address

901 SEMINOLE BLVD.
 JUNO BEACH FL 33408
 US

00001061



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

59-0441130

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

ROGERS, DOYLE
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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: DT
 NAME: BLACK, WILLIAM H.
 STREET ADDRESS: 117 GOMEZ ROAD
 CITY-ST-ZIP: HOBE SOUND FL Delete

TITLE: DVP
 NAME: Timothy P. Neher
 STREET ADDRESS: 11526 Turtle Beach Road
 CITY-ST-ZIP: North Palm Beach, FL Change Addition

TITLE: DVP
 NAME: KIRKLAND, DAVID
 STREET ADDRESS: 390 N. LAKE WAY
 CITY-ST-ZIP: PALM BEACH FL Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: S
 NAME: ROGERS, DOYLE
 STREET ADDRESS: 321 ROYAL POINCIANA PLZ
 CITY-ST-ZIP: PALM BEACH FL Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: DP
 NAME: VAM GERBIG, BAREND
 STREET ADDRESS: 1129 MARINE E, BLDG G, APT 2L
 CITY-ST-ZIP: NORTH PALM BEACH FL 33408 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____ Change Addition

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 (10/00)