

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90100 019 ****61.25

DOCUMENT # N94000002783

1. Entity Name

HOLE-IN-THE-WALL GOLF CLUB, INC.

Principal Place of Business

Mailing Address

3550 GOODLETTE ROAD NORTH
 NAPLES FL 34104
 US

P.O. BOX 7217
 NAPLES FL 34104
 US

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

59-0818061

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

METCHEAR, CHARLES R III
 3550 GOODLETTE ROAD NORTH
 NAPLES FL 34104

Name

ARTHUR L. DUBOIS

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

2601 GULF SHORE BLVD. N. #29

City

NAPLES

FL

Zip Code

34103

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

Arthur L Dubois

2/25/02

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	VP/D METCHEAR, CHARLES R III	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5805 GLENCOVE DRIVE #705 NAPLES FL 34108	
TITLE NAME	SDT. WATERMAN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8990 BAY COLONY DRIVE #1203 NAPLES FL 34108	
TITLE NAME	PDT KENNEDY, DONALD D JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6915 GREEN TREE DR NAPLES FL	
TITLE NAME	VP/D/T ARTHUR L. DUBOIS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2601 GULF SHORE BLVD. N. #29 NAPLES, FL 34103	
TITLE NAME	S/D STUART EGERTON, II	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2640 HALF MOON WALK NAPLES, FL 34102	
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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:

Stuart Egerton II
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/12

Date

Daytime Phone #

CR2E037 (9/01)