

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90122 049 \*\*\*\*61.25

**DOCUMENT # N95000003583**

1. Entity Name

**HIGHLAND FAIRWAYS GOLF CLUB, INC.**

*(LA)*

Principal Place of Business

Mailing Address

**3235 HIGHLAND FAIRWAYS BLVD.  
 LAKELAND FL 33810  
 US**

**3235 HIGHLAND FAIRWAYS BLVD.  
 LAKELAND FL 33810  
 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

4. FEI Number **59-3326679**

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

**STEWART, LAWRENCE C JR.  
 659 AVE. A, N.W.  
 WINTER HAVEN FL 33882**

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  
 After September 12, 2001, min. will be \$236.25**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	<del>GRANT, ROBERT</del>	
STREET ADDRESS	<del>3209 OTTER CREEK</del>	
CITY-ST-ZIP	<del>LAKELAND FL 33810</del>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GLYNN, MARY ANN	
STREET ADDRESS	3749 WILDCAT RUN	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	<del>GRANT, ROBERT</del>	
STREET ADDRESS	<del>3209 OTTER CREEK</del>	
CITY-ST-ZIP	<del>LAKELAND FL 33810</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, WALTER	
STREET ADDRESS	3121 SAND TRAP COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUCK, JOYCE	
STREET ADDRESS	3432 GLEN ABBEY DR.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, DOLORES	
STREET ADDRESS	2019 SPYGLASS	
CITY-ST-ZIP	LAKELAND FL 33810	

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRETT, JACK	
STREET ADDRESS	3670 WILDCAT RUN	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAND, BILLY	
STREET ADDRESS	1821 PRAIRIE DUNES CR. N	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *MARY ANN GLYNN*  
 SIGNATURE REQUIRED

*July 7, 2001 863-853-8710*

CR2E037 (5/01)