

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90271 024 \*\*\*\*61.25

**DOCUMENT # N95000003583**

1. Entity Name

**HIGHLAND FAIRWAYS GOLF CLUB, INC.**

Principal Place of Business

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

Mailing Address

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

**906477**



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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP	<input type="checkbox"/> Delete
NAME	JARRETT, JACK	
STREET ADDRESS	3670 WILDCAT RUN	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GLYNN, MARY ANN	
STREET ADDRESS	3749 WILDCAT RUN	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HAND, BILLY	
STREET ADDRESS	1821 PRAIRIE DUNES CR. N	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, WALTER	
STREET ADDRESS	3121 SAND TRAP COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DS	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, RICHARD	
STREET ADDRESS	3428 SADDLE BROOK WAY	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DOLORES	
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 1/8/02 863-853-8710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)