

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/14/00

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90099 011 \*\*\*\*61.25

**DOCUMENT # N99000002346**

1. Entity Name

**FOREST GLEN GOLF & COUNTRY CLUB MASTER ASSOCIATI**

Principal Place of Business

Mailing Address

3185 HORSESHOE DRIVE SOUTH  
 NAPLES FL 34104

3185 HORSESHOE DRIVE SOUTH  
 NAPLES FL 34104-6138

00424V



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

Applied For

59-3579415

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

**TAYLOR, MARK S**  
**3185 HORSESHOE DRIVE SOUTH**  
**NAPLES FL 34104**

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	DP	<input type="checkbox"/> Delete
NAME	SOLOMON, A. JACK	
STREET ADDRESS	3185 HORSESHOE DRIVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, MARK S	
STREET ADDRESS	3185 HORSESHOE DRIVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	WELKS, KAREN	
STREET ADDRESS	3185 HORSESHOE DRIVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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	

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
 Date: 4/10/00  
 Daytime Phone #

CF2E037 (9/99)