

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

182

06 AUG -4 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS

DOCUMENT # P99000006366

1. Entity Name
FLORIDA GOLF CLUB OF GAINESVILLE, INC.



Principal Place of Business
3030 LBJ FREEWAY
SUITE 1140
DALLAS, TX 75234

Mailing Address
3030 LBJ FREEWAY
C/O TAX DEPT
DALLAS, TX 75234



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2806494

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000078484270

08/09/06 01063 022 **150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOWE, DOUGLAS
STREET ADDRESS	3030 LBJ FREEWAY #700
CITY-ST-ZIP	DALLAS, TX 75234
TITLE	S
NAME	HENSLEE, THOMAS
STREET ADDRESS	3030 LBJ FREEWAY #700
CITY-ST-ZIP	DALLAS, TX 75234
TITLE	T
NAME	TAYLOR, RON
STREET ADDRESS	3030 LBJ FRWY
CITY-ST-ZIP	DALLAS, TX 75234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

Thomas Henslee
SIGNATURE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-06 9722436191

THOMAS HENSLEE



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#P99000006366

July 12, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Notice of Intent to Dissolve
See Attached List

Dear Sir or Madam:

I am writing in reference to the 37 **Notice of Intent to Dissolve** postcards we recently received. We respectfully request the penalty be waived and the notice be withdrawn for the following reasons.

Enclosed is a list of each entity, document numbers, check numbers and amounts for each annual report that was mailed on April 24, 2006. To date, none of the enclosed documents have been received by your office or returned to us. Enclosed please find copies of the Annual Reports, the original checks that were issued for each report and the Notices of Intent to Dissolve.

Although we do not have proof of mailing from the US Post Office, all reports were mailed on April 24, 2006. We believe all of the copies we've enclosed show we did make every effort to file the annual reports and pay all fees in a timely manner. If you review our history with the State of Florida, you will see a consistent pattern of timely reports filed year after year.

New checks have been issued and are included for each entity. If you receive any of the original checks on the enclosed list, do not deposit as a stop payment has been issued. Please return them to ClubCorp USA, Inc., %Debbie Thayer, P.O. Box 819087, Dallas, TX 75381.

If there are any questions or if further information is needed, please contact me at 972-888-7784.

Sincerely,

Debbie Thayer
State Tax Assistant

Enclosures

91 7108 2133 3932 6829 0324

7/13/06 CERTIFIED RETURN RECEIPT