

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED

May 02, 2000 8:00 am
Secretary of State

02-15-2000 90058 049 ****61.25

DOCUMENT # 704972

1. Entity Name

OCEANSIDE GOLF AND COUNTRY CLUB INC

Principal Place of Business

75 NORTH HALIFAX AVENUE
ORMOND BCH FL 32175-0367
US

Mailing Address

P.O. BOX 367
ORMOND BCH FL 32175-0367
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

59-1004935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLISHKA, KLAUS
75 N HALIFAX DRIVE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

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

TITLE	T	☒ Delete
NAME	BLANFORD, MARK O	
STREET ADDRESS	27 BULOW WOODS CIR	
CITY-ST-ZIP	FLGLER BEACH FL 32138	
TITLE	D	☒ Delete
NAME	BELFORE, SAM	
STREET ADDRESS	1311 OAK FOREST DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	☒ Delete
NAME	MAHAFFAE, BOB	
STREET ADDRESS	120 FAIRWAY DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	S	☒ Delete
NAME	FOLEY, CONNIE	
STREET ADDRESS	427 TRITON RD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	P	☒ Delete
NAME	TURNER, BILL	
STREET ADDRESS	1207 OAK FOREST DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	V	☒ Delete
NAME	HEEBNER, PETER	
STREET ADDRESS	523 N HALIFAX DR	
CITY-ST-ZIP	DAYTONA BCH FL 32118	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	☐ Change ☒ Addition
NAME	Bundhund, E. Buck	
STREET ADDRESS	One John Anderson Dr. Apt. #713	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	S	☐ Change ☒ Addition
NAME	Mahaffey, J. Robert	
STREET ADDRESS	120 Fairway Drive	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	P	☐ Change ☒ Addition
NAME	Heebner, Peter	
STREET ADDRESS	523 N. Halifax Drive	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	V	☐ Change ☒ Addition
NAME	Belfore, Sam	
STREET ADDRESS	1311 Oak Forest Drive	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	☐ Change ☒ Addition
NAME	Sacks, William	
STREET ADDRESS	215 Ormwood Drive	
CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	D	☐ Change ☒ Addition
NAME	Levy, Phil	
STREET ADDRESS	179 Windward Lane	
CITY-ST-ZIP	Ormond Beach, FL 32176	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000

Date

904-677-7200

Daytime Phone

1696/210.F3