

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90009 008 ****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

7. Name and Address of New Registered Agent

**PLISHKA, KLAUS
 75 N HALIFAX DRIVE
 ORMOND BEACH FL 32176**

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 NAME	T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BUCK, BUNDHUND E	
CITY-ST-ZIP	ONE JOHN ANDERSON DR. APT #713 ORMOND BEACH FL 32176	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	ROBERT, MAHAFFEY J	
CITY-ST-ZIP	120 FAIRWAY DRIVE ORMOND BEACH FL 32176	
TITLE NAME	P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HEEBNER, PETER	
CITY-ST-ZIP	523 N HALIFAX DRIVE DAYTONA BEACH FL 32118	
TITLE NAME	V	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	BELFORE, SAM	
CITY-ST-ZIP	1311 OAK FOREST DRIVE ORMOND BEACH FL 32174	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	SACKS, WILLIAM	
CITY-ST-ZIP	215 ORMWOOD DRIVE ORMOND BEACH FL 32176	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	LEVY, PHIL	
CITY-ST-ZIP	179 WINDARD LANE ORMOND BEACH FL 32176	

TITLE NAME	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Bundhund, E. Buck	
CITY-ST-ZIP	One John Anderson Dr. Apt #713 Ormond Beach, FL 32176	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Hayes, Ronald	
CITY-ST-ZIP	103 Neptune Ave. Ormond Beach, FL 32176	
TITLE NAME	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Levy, Philip	
CITY-ST-ZIP	179 Windward Lane Ormond Beach, FL 32176	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

E. Buck Bundhund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/01

904-677-7200

Date

Daytime Phone #

CR2E037 (10/00)