

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90061 010 *****61.25

DOCUMENT # N08494

1. Entity Name

BURNT STORE COUNTRY CLUB, INC.

Principal Place of Business

**301 MADRID BLVD
PUNTA GORDA FL 33950**

Mailing Address

**301 MADRID BLVD
PUNTA GORDA FL 33950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2542237

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

**BOYTON, ALLAN
612 MADRID BLVD
PUNTA GORDA FL 33950**

Name

CARL PUCKETT

Street Address (P.O. Box Number is Not Acceptable)

301 MADRID BLVD.

City

PUNTA GORDA

FL

Zip Code

33950

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

X Carl Puckett

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

(NOTE: Registered Agent signature required when reinstating)

2/20/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMPION, WILLIAM	
STREET ADDRESS	507 MONACO DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BOYNTON, ALLAN	
STREET ADDRESS	612 MADRID BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, HAL	
STREET ADDRESS	24283 BALEARIC LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERLAND, ROLAND	
STREET ADDRESS	626 MADRID BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	VAN HORN, DAVID	
STREET ADDRESS	2447 ST. DAVIDS ISLAND COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	FCD	<input checked="" type="checkbox"/> Delete
NAME	GATES, LELAND	
STREET ADDRESS	475 MONACO DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL PUCKETT	
STREET ADDRESS	3621 S. CRETE DRIVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT HABERKAMP	
STREET ADDRESS	3403 TRIPOLI BLVD	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD CARR	
STREET ADDRESS	3612 SAN SEBASTIAN CT.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE NADLE	
STREET ADDRESS	3270 SOUTHSORE 74C	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE LAMOURE	
STREET ADDRESS	435 LA SILA COURT	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH STOCKS	
STREET ADDRESS	2655 RYAN BLVD	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	

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: *X Carl Puckett*

CARL PUCKETT

02/20/01

941-637-1612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)