

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90130 029 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2542237**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PUCKETT, CARL  
301 MADRID BLVD  
PUNTA GORDA FL 33950**

**7. Name and Address of New Registered Agent**

Name  
**Stocks, Joseph**

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

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HABERKAMP, ROBERT</b> <b>3403 TRIPOLI BLVD</b> <b>PUNTA GORDA FL 33950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>STOCKS, JOSEPH</b> <b>2655 RYAN BLVD</b> <b>PUNTA GORDA FL 33950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SCHRODE, KATHY</b> <b>3713 BORDEAU</b> <b>PUNTA GORDA FL 33950</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>ATKINSON, FULLER</b> <b>3800 BAL HARBOR BLVD #313</b> <b>PUNTA GORDA FL 33955</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LAMOURE, LAWRENCE</b> <b>435 LA SILA CT</b> <b>PUNTA GORDA FL 33950</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MYERS, CHARLES</b> <b>3812 ST GIRONS AVENUE</b> <b>PUNTA GORDA FL 33950</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Stocks, Joseph</b> <b>2655 Ryan Blvd</b> <b>Punta Gorda, FL 33950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>Myers, Charlie</b> <b>3812 St Girons Avenue</b> <b>Punta Gorda, FL 33950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>Same</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>Koon, Arden</b> <b>668 Monaco Drive</b> <b>Punta Gorda, FL 33950</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Sharpless, Ronald</b> <b>5089 San Rocco Drive</b> <b>Punta Gorda, FL 33950</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Richter, James</b> <b>3663 South Crete Drive</b> <b>Punta Gorda, FL 33950</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Kathy B. Schrode* **KATHY B. SCHRODE, TREASURER**  
Feb 21, 2003 941-637-1612

CR2E037 (10/02)