

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 173712

1. Entity Name

PERRY GOLF AND COUNTRY CLUB INC THE

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90023 032 ***150.00

Principal Place of Business

Mailing Address

GOLF COURSE ROAD
P.O. BOX 908
PERRY FL 32347

GOLF COURSE ROAD
P.O. BOX 908
PERRY FL 32348-0908

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

59-0777965

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

GRANT, DONALD
100 PINE TREE ROAD
PERRY FL 32347

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☒ Delete
NAME **GORDON, COLSON T**
STREET ADDRESS **RTE 1 BOX 467**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **SEC** ☒ Change ☐ Addition
NAME **Bill Calhoun**
STREET ADDRESS **3715 HARRISON BLVD RD**
CITY-ST-ZIP **PERRY FLA 32347**

TITLE **VP** ☐ Delete
NAME **GRANT, WILLIAM R**
STREET ADDRESS **P. O. BOX 580**
CITY-ST-ZIP **PERRY FL 32348**

TITLE **William R. Grant** ☐ Change ☐ Addition
NAME **P.O. Box 580**
STREET ADDRESS **Perry, FL 32348**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **TAYLOR, JOHN C.**
STREET ADDRESS **311 N. WILDER ST.**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **John C. Taylor** ☐ Change ☐ Addition
NAME **190 Park ST.**
STREET ADDRESS **Perry, FL 32347**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **PELT, MARK**
STREET ADDRESS **1000-A S. JEFFERSON STREET**
CITY-ST-ZIP **PERRY FL 32347**

TITLE **Treas** ☒ Change ☐ Addition
NAME **Tyson Hicks**
STREET ADDRESS **4050 Green St**
CITY-ST-ZIP **Perry FLA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF TYSON HICKS 4/20/00 584-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)