

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90105 012 ***150.00

DOCUMENT # 220463

1. Entity Name
ROLLING HILLS G.C., INC.



Principal Place of Business
**1749 ART HAGAN PLACE
LONGWOOD FL 32750**

Mailing Address
**1749 ART HAGAN PLACE
LONGWOOD FL 32750**

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 **59-0997808**

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

**WILSON, TONY
1212 AYRSHIRE STREET
ORLANDO FL 32803**

Name **TONY WILSON**

Street Address (P.O. Box Number is Not Acceptable)
1749 ART HAGAN PLACE

City **LONGWOOD** FL Zip Code **32750**

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

TONY WILSON

(NOTE: Registered Agent signature required when reinstating)

DATE **3/18/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **WALTER, SARAH**
STREET ADDRESS **433 WILFORD**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **P** ☐ Change ☒ Addition
NAME **TERRY MULLANE**
STREET ADDRESS **1749 ART HAGAN PLACE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **VP** ☒ Delete
NAME **TAULBEE, PETE**
STREET ADDRESS **2311 FIELDING WOOD RD**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **VP** ☒ Change ☐ Addition
NAME **JON GRANT**
STREET ADDRESS **1749 ART HAGAN PLACE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **S** ☒ Delete
NAME **JOHNSTON, LINDSAY**
STREET ADDRESS **224 ADAIR AVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **S** ☒ Change ☐ Addition
NAME **RONALD GURTNER**
STREET ADDRESS **1749 ART HAGAN PLACE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **T** ☒ Delete
NAME **THOMAS, STOREY**
STREET ADDRESS **1765**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **T** ☒ Change ☐ Addition
NAME **DANIEL CARR**
STREET ADDRESS **1749 ART HAGAN PLACE**
CITY-ST-ZIP **LONGWOOD, FL 32750**

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

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 607, 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: **RONALD GURTNER** **3/18/03** **407 834 6818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #