

4/11/11

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 29, 2001 8:00 am
Secretary of State

04-11-2001 90081 047 ***150.00

DOCUMENT # 312080

1. Entity Name

SILVER LAKE GOLF AND COUNTRY CLUB OF LAKE COUNTY

Principal Place of Business

9435 SILVER LAKE DR.
LEESBURG FL 34788

Mailing Address

9435 SILVER LAKE DR.
LEESBURG FL 34788

5641

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1158325**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, MARY S
9435 SILVER LK DR
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

NAPIERALSKI, CHRIS

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

9910 CANTEBURY DRIVE

City

LEESBURG

FL

Zip Code

34788

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 of registered agent or person authorized to file if applicable

(NOTE: Registered Agent signature required when reappointing)

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, 2001 Fee will be \$550.00
Make Check Payable to: Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	JANS, FRED	
STREET ADDRESS	33717 TARLTON	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VPS	☐ Delete
NAME	KARNES, BRYAN C	
STREET ADDRESS	9810 JACKSON RD	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	T	☐ Delete
NAME	MILLER, ROBERT	
STREET ADDRESS	2409 W COACH N FOOR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	KARNES, BRYAN	
STREET ADDRESS	9810 JACKSON ROAD	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VPS	☒ Change ☐ Addition
NAME	ROSE, BILL	
STREET ADDRESS	1093 PALM HARBOR DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	T	☒ Change ☐ Addition
NAME	WHELCHER, HOWARD	
STREET ADDRESS	3938 MAGNOLIA DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34738	
TITLE	S	☐ Change ☒ Addition
NAME	DILLON, ANNE	
STREET ADDRESS	34408 COVENTRY DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34788	☐ Change ☐ Addition
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: *X Lucy Hobgood*

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-01

352-787-4035

Bryan Karnes

5/23/01

352-787-4035

CR2E034 (10/00)