2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State 327486 DOCUMENT # 1. Entity Name 01-16-2002 90073 001 ***150.00 PALMA SOLA GOLF CLUB INC Principal Place of Business Mailing Address 3807 75TH ST WEST 3807 75TH ST WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-1206218 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURNER, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 5004 RIVERVIEW BLVD W **BRADENTON FL 34209** Zip Code City FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE TURNER, RICHARD E NAME NAME 5004 RIVERVIEW BLVD W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP XX Change VPD ☐ Addition ☐ Delete TITLE TITLE DUNGAN, ADELE W. NAME Deason, Adele W. NAME 9735 Wynchase Circle 9735 WYNCHASE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MONTGOMERY AL 36117** CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE SD NAME TURNER, VELDA L NAME STREET ADDRESS **4540 CAMINO REAL** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

CR2E034 (9/01)

FILED

KING BEOLUBED Kai SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: