

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90057 005 ***150.00

DOCUMENT # 327551

1. Entity Name

GOLDEN HILLS GOLF AND TURF CLUB, INC.

Principal Place of Business

**4782 N W 80TH AVENUE
 Ocala FL 34482
 US**

Mailing Address

**4782 N W 80TH AVENUE
 Ocala FL 34482
 US**

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1027876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DURIS, HAROLD S
 7658 NW 56TH PLACE
 Ocala FL 34482**

7. Name and Address of New Registered Agent

Name **Same**

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, 2002 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 **PRES** ☐ Delete
 NAME **DURIS, HAROLD S**
 STREET ADDRESS **7658 NW 56TH PLACE**
 CITY-ST-ZIP **OCALA FL 34482**

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

TITLE **VP** ☒ Delete
 NAME **COCKES, JON**
 STREET ADDRESS **23000 NE 85TH AVE ROAD**
 CITY-ST-ZIP **CITRA FL 32113**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Will Hardy**
 STREET ADDRESS **5289 NW 78th Court**
 CITY-ST-ZIP **Ocala, FL 34482**

TITLE **SEC** ☒ Delete
 NAME **MICILCAVAGE, JODY**
 STREET ADDRESS **5188 NW 76TH COURT**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **Sec** ☐ Change ☒ Addition
 NAME **Elizabeth O'Rourke**
 STREET ADDRESS **4525 NW 80th Terrace**
 CITY-ST-ZIP **Ocala, FL 34482**

TITLE **T** ☒ Delete
 NAME **DURIS, HAROLD S**
 STREET ADDRESS **5188 NW 76TH COURT**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **Treas** ☐ Change ☒ Addition
 NAME **Roger White**
 STREET ADDRESS **5189 NW 78th CT**
 CITY-ST-ZIP **Ocala, FL 34482**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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: *Harold S. Duris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)