

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90029 036 ***150.00

DOCUMENT # 593169

1. Entity Name

HORSESHOE COVE RESORT, INC.

Principal Place of Business

5100 60TH ST. E
 BRADENTON FL 34203

Mailing Address

5100 60TH ST. E
 BRADENTON FL 34203-9548

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 **59-1866974**

Applied For
 Not Applied

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

WHITESELL, I.W. J
464 MAGELLAN DR
SARASOTA FL 34243

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

1-26-2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GARROTT, JOE F.	
STREET ADDRESS	515 LEFFINGWELL AVE #117	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITESELL JR, I W	
STREET ADDRESS	464 MAGELLAN DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FOGARTY, EUGENE	
STREET ADDRESS	1201 6TH AVENUE, WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BADEN, RAY	
STREET ADDRESS	301 99TH STREET, N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESTOR, WILBER L	
STREET ADDRESS	2023-74TH STREET CIRCLE NW	
CITY-ST-ZIP	BRADENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURBEVILLE, JR., JOHN B.	
STREET ADDRESS	1005 44TH ST. W.	
CITY-ST-ZIP	BRADENTON FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> 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 liens empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 (941) 758-5335

Date

Daytime Phone #