

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**  
 05-01-2000 90048 035 \*\*\*150.00

**DOCUMENT # 645549**

1. Entity Name

**LAKE CITY COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

RT 13 BOX 436  
 LAKE CITY FL 32055

RT 13 BOX 436  
 LAKE CITY FL 32055-9012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1991863**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FERGUSON, DALE C.**  
**111 W. MADISON STREET**  
**LAKE CITY FL 32055**

Name

~~Guy Norris~~

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

~~RT 13 Box 439~~

City

**Lake City, FL 32055**

**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

*Howard M. Whitaker*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/19/00**  
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	GUY, NORRIS	RR 13 BOX 439	LAKE CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	WHITAKER, HOWARD	RT. BOX 521 N/A	LAKE CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BOURN, JOHN	RT. 13 BOX 272	LAKE CITY FL	<input checked="" type="checkbox"/>	VD	Robin Green	PO Box 1609 Lake City, FL	32056	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TD	POWELL, RICHARD	RT. 13 BOX 382	LAKE CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Howard M. Whitaker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-19-00** **9047528721**

CR2E034 (9/99)