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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702675

1. Corporation Name

THE FIELD CLUB, INC.

Principal Place of Business

**1400 FIELD ROAD
 SARASOTA FL 34231**

Mailing Address

**1400 FIELD ROAD
 SARASOTA FL 34231**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

07/01/1961

4. FEI Number

59-0813992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**CLARK, JAMES C.
 1405 LADUE LANE
 SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 NAME **TD**
 STREET ADDRESS **MAYO, LOWELL R.**
 CITY-ST-ZIP **1632 SOUTH LAKESHORE DRIVE
 SARASOTA FL 34231**

TITLE ☐ DELETE
 NAME **PD**
 STREET ADDRESS **DART, JOHN M**
 CITY-ST-ZIP **1765 CHEROKEE DR.
 SARASOTA FL**

TITLE ☐ DELETE
 NAME **VD**
 STREET ADDRESS **NIDIFFER, GORDON G.**
 CITY-ST-ZIP **3821 FLAMINGO AVE
 SARASOTA FL 34242**

TITLE ☒ DELETE
 NAME **SD**
 STREET ADDRESS **WINDOM, ROBERT E.**
 CITY-ST-ZIP **1562 SOUTH DRIVE
 SARASOTA FL 34239**

TITLE ☐ DELETE
 NAME **VD**
 STREET ADDRESS **CLARK, JAMES C.**
 CITY-ST-ZIP **1405 LADUE LANE
 SARASOTA FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 12 NAME **V/D**
 1.3 STREET ADDRESS **MAYO, HOWELL R.**
 1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
 22 NAME **D**
 2.3 STREET ADDRESS **DART, JOHN M.**
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
 3.2 NAME **T/D**
 3.3 STREET ADDRESS **DONEGAN, RICHARD O.**
 3.4 CITY-ST-ZIP **1340 HARBOR DRIVE
 SARASOTA, FL. 34239**

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME **S/D**
 4.3 STREET ADDRESS **HERB, F. STEVEN**
 4.4 CITY-ST-ZIP **5820 RIEGEL'S HARBOR ROAD
 SARASOTA, FL. 34242**

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME **P/D**
 5.3 STREET ADDRESS **CLARK, JAMES C.**
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James C. Clark
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 (941) 924-1201

Date

Daytime Phone #

CR2E037 (11/98)