

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90106 040 \*\*\*\*61.25

**DOCUMENT # 704784**

1. Entity Name

**REDLAND DISTRICT GOLF AND COUNTRY CLUB**

Principal Place of Business

Mailing Address

24451 SW 177 AVE  
 HOMESTEAD FL 33031  
 US

P.O. BOX 901268  
 HOMESTEAD FL 33090-1268  
 US

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

**59-0761765**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, H W**  
**7245 NW 36 ST**  
**MIAMI FL 33166**

Name

**Hayden Blaylock**

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

**14995 SW 264 St**

City

**Naranja,**

**FL**

Zip Code

**33032**

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

*Hayden Blaylock*  
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/23/00**

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>FRANCIS, JOHN</b>	
STREET ADDRESS	<b>35250 SW 177 CT 80</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33034</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>KOONCE, DAVID</b>	
STREET ADDRESS	<b>19928 SW 326 ST</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>ISOM, JERRY</b>	
STREET ADDRESS	<b>7012 NSW 149 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRINGTON, RICHARD</b>	
STREET ADDRESS	<b>17951 SW 288 ST</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANCIS, JOHN</b>	
STREET ADDRESS	<b>35250 SW 177 CT #80</b>	
CITY-ST-ZIP	<b>HOMESTEAD, FL 33034</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISOM, JERRY</b>	
STREET ADDRESS	<b>7012 SW 149 TERR</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33158</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

*Hayden Blaylock*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/00**

Date

Daytime Phone #

**305 245-0692**

CR2E037 (9/99)