

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90015 015 ****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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAYLOCK, HAYDEN
 14995 SW 264TH ST
 HOMESTEAD FL 33032**

Name **David Koonce**
 Street Address (P.O. Box Number is Not Acceptable)
19926 SW 326 St
Homestead, FL 33030
 City **Homestead, FL** Zip Code **33030**

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

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 Delete
 NAME **VPD WATKINS, MIKE**
 STREET ADDRESS **PO BOX 901729**
 CITY-ST-ZIP **HOMESTEAD FL 33090**

TITLE Change Addition
 NAME **President David Koonce**
 STREET ADDRESS **19926 SW 326 St**
 CITY-ST-ZIP **Homestead, FL 33030**

TITLE Delete
 NAME **SD CERNOGORSKY, MICHELLE**
 STREET ADDRESS **12225 SW 151 ST #111**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD STEVENS, CHARLES**
 STREET ADDRESS **26603 SW 173 PL**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE Change Addition
 NAME **Director Carol Harbin**
 STREET ADDRESS **17525 SW 245 Terr**
 CITY-ST-ZIP **Homestead, FL 33031**

TITLE Delete
 NAME **P BLAYLOCK, HAYDEN**
 STREET ADDRESS **14995 SW 264 ST**
 CITY-ST-ZIP **HOMESTEAD FL 33032**

TITLE Change Addition
 NAME **Director Hayden Blaylock**
 STREET ADDRESS **14995 SW 264 St**
 CITY-ST-ZIP **Homestead, FL 33032**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)