

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708274

1. Entity Name

CLEWISTON GOLF COURSE, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90167 020 ****61.25

Principal Place of Business

Mailing Address

1200 SAN LUIZ
P.O. BOX 998
CLEWISTON FL 33440
US

P.O. BOX 998
1200 SAN LUIZ
CLEWISTON FL 33440-4117
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

59-6000029

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

POLHILL, JOHN
415 COUNTY ROAD 720
CLEWISTON FL 33440

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

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	SD	<input type="checkbox"/> Delete
NAME	MCCALLUM, JOHN D.	
STREET ADDRESS	435 E DEL MONTE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASTELLANOS, ROBBIE	
STREET ADDRESS	234 W. CIRCLE DR.	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POLHILL, JOHN	
STREET ADDRESS	415 COUNT RD. 720	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 863-983-8590
Date Daytime Phone #

CR2E037 (9/99)