

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90006 029 ****61.25

DOCUMENT # 708756

1. Entity Name

PEACE RIVER COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

150 NORTH IDLEWOOD AVENUE
 P. O. BOX 1073
 BARTOW FL 33830-8073

150 NORTH IDLEWOOD AVENUE
 P. O. BOX 1073
 BARTOW FLA 33831-1073

C0028622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1171124

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

FROST, JOHN
395 SOUTH CENTRAL AVE
BARTOW FL 33830

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	DT	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, BOB	
STREET ADDRESS	801 S. HOUSTON	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ZOELLNER, REBA	
STREET ADDRESS	1838 STONECREST CT	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	PURCELL, MICHELE	
STREET ADDRESS	2100 NORTHWOOD CT	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	DS	<input type="checkbox"/> Delete
NAME	QUINN, KENNY	
STREET ADDRESS	1640 N. BROADWAY AVE.	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM LONG	
STREET ADDRESS	820 PARQUE VISTA	
CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK BOOREAM	
STREET ADDRESS	815 SEMINOLE	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANK CAMPBELL	
STREET ADDRESS	P.O. BOX 3	
CITY-ST-ZIP	LAKELAND, FL 33807	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quinn, Kenny	
STREET ADDRESS	1640 N. BROADWAY AVE	
CITY-ST-ZIP	BARTOW, FL 33830	
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 empowered.

SIGNATURE:

Patrick McCarty
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)