

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90015 031 ****61.25

DOCUMENT # 708756

1. Entity Name

PEACE RIVER COUNTRY CLUB, INC.

Principal Place of Business

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

Mailing Address

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
LONG, KIM
820 PARQUE VISTA
BARTOW FL 33830** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DANIELS, CLIFF
P.O. BOX 90
BARTOW, FL. 33831-0090** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
BOOREAM, JACK
815 SEMINOLE
BABSON PARK FL 33827** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
YOUNG, SCOTT
5069 SWEETLEAF COURT
BARTOW, FL. 33830** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CAMPBELL, HANK
P.O. BOX 3
LAKE LAND FL 33802** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
QUINN, KENNY
1640 N. BROADWAY AVE.
BARTOW FL 33830** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LEWIS, CLIFF
1155 E. GEORGIA STREET
BARTOW, FL. 33830** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 powers like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01

803.537.1348

CR2E037 (10/00)