

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90013 043 ****61.25

DOCUMENT # 708769

1. Entity Name
PUNTA GORDA COUNTRY CLUB, INC.



Principal Place of Business

**6100 DUNCAN ROAD
PUNTA GORDA FL 33951
US**

Mailing Address

**PO BOX 511716
PUNTA GORDA FL 33951
US**

11023400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1147044**

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

**HAGEN, BRUCE F
1718 LOS ALAMOS DR.
PUNTA GORDA FL 33950**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAGEN, BRUCE F	
STREET ADDRESS	660 CORONARDO DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEAN, JAMES L	
STREET ADDRESS	2181 TAIWAN CT	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, EMILY	
STREET ADDRESS	12288 SW LEXINGTON	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, GERALD D	
STREET ADDRESS	5601 DUNCAN RD #50	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, ROBERT	
STREET ADDRESS	320 SHREVE ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUPP, WILLIAM	
STREET ADDRESS	134 W. TARPON BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1718 LOS ALAMOS DR	
STREET ADDRESS	PUNTA GORDA FL 33950	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25188 E. MARION AVE - VILLAGE	
STREET ADDRESS	PUNTA GORDA, FL 33950	
CITY-ST-ZIP		
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	113 MORNINGSTAR DR	
STREET ADDRESS	PUNTA GORDA, FL 33982	
CITY-ST-ZIP		
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	KOPP, WILLIAM	
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 REQUIRED

Bruce F. Hagen 4/30/03 941 639-3208

CR2E037 (10/02)