

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90494 046 ****61.25

DOCUMENT # 708877

1. Entity Name

7 RIVERS GOLF & COUNTRY CLUB, INC.

Principal Place of Business

7395 W. PINEBROOK STREET
P.O. BOX 1146
CRYSTAL RIVER FL 34423
US

Mailing Address

7395 W. PINEBROOK STREET
P.O. BOX 1146
CRYSTAL RIVER FL 34423
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

79-1195833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOGGS, WAYNE
122 N MCGOWAN AVE
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

HUNTER, WILLIAM

Street Address (P.O. Box Number is Not Acceptable)

2251 N PILOT PT.

City

CRYSTAL RIVER FL

Zip Code

34429

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

William Hunter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOGGS, WAYNE	
STREET ADDRESS	122 N MCGOWAN AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCMORMICK, M.H.	
STREET ADDRESS	7228 W. MILWE LN	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SATHER, JERRY	
STREET ADDRESS	9180 W HARBOR DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JECK, CLAYTON	
STREET ADDRESS	10525 W EDGAR LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOCKUS, ROBERT	
STREET ADDRESS	5306 S RUNNING BROOK DR	
CITY-ST-ZIP	HOMOSASSA FL 34440	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, WILLIAM	
STREET ADDRESS	2251 N PILOT PT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, WILLIAM	
STREET ADDRESS	2251 N PILOT PT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINGARTEN, SHALBY	
STREET ADDRESS	23 PINE DR.	
CITY-ST-ZIP	HOMOSASSA FL 34440	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, NORMAN	
STREET ADDRESS	1050 N. CRESCENT DR	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATHER, JERRY	
STREET ADDRESS	11316 WILBY SHORE DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)