

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708924

1. Entity Name

GREEN VALLEY COUNTRY CLUB, INC.

Principal Place of Business

W. HIGHWAY 50
P O BOX 120278
CLERMONT FL. 34712

Mailing Address

W. HIGHWAY 50
P O BOX 120278
CLERMONT FL. 34712-0278

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

59-1095634

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

APPOLLONI, ROBERT
8504 DORAL DR.
CLERMONT FL 34711

Name

HOUSTON MELTON

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

14731 GREEN VALLEY BLVD

City

CLERMONT

FL

Zip Code
34711

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 HOUSTON MELTON

4/13/2000

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	VP	<input type="checkbox"/> Delete
NAME	FLYNN, RICH	
STREET ADDRESS	212 E BEACH ST	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, FRANK C	
STREET ADDRESS	14701 GREEN VALLEY BLVD	
CITY-ST-ZIP	CLERMONT FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GROSS, LUCILLE	
STREET ADDRESS	15013 GREEN VALLEY BLVD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEATHERS, T N	
STREET ADDRESS	8516 FIRESTONE CIRCLE	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANK SCHMIDT	
STREET ADDRESS	8601 SPYGLASS LOOP	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELTON, HOUSTON	
STREET ADDRESS	14731 GREEN VALLEY BLVD	
CITY-ST-ZIP	CLERMONT FL	

TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORREST E BOYD	
STREET ADDRESS	8550 SPYGLASS LOOP	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS BISHOP	
STREET ADDRESS	2255 S. LAKESHORE DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN ALEXANDER	
STREET ADDRESS	8540 SPYGLASS LOOP	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON MELTON	
STREET ADDRESS	14731 GREEN VALLEY BLVD	
CITY-ST-ZIP	CLERMONT FL 34711	

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.

4/13/2000

352-394-0632

SIGNATURE:

Richard Flynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE