

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90129 021 ****61.25

DOCUMENT # 708924

1. Entity Name
GREEN VALLEY COUNTRY CLUB, INC.

Principal Place of Business Mailing Address
W. HIGHWAY 50 **W. HIGHWAY 50**
P O BOX 120278 **P O BOX 120278**
CLERMONT FL. 34712 **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



DO NOT WRITE IN THIS SPACE

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
APPOLLONI, ROBERT
8504 DORAL DR.
CLERMONT FL 34711

7. Name and Address of New Registered Agent
 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 DATE 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 <input checked="" type="checkbox"/> D <input type="checkbox"/> Delete	NAME FLYNN, RICH STREET ADDRESS 212 E BEACH ST CITY-ST-ZIP GROVELAND FL	TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP FORREST E BOYD STREET ADDRESS 8550 SPYGLASS LOOP CITY-ST-ZIP CLERMONT FL 34711
TITLE <input type="checkbox"/> Delete	D KLEIN, FRANK C STREET ADDRESS 14701 GREEN VALLEY BLVD CITY-ST-ZIP CLERMONT FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> Delete	S GROSS, LUCILLE STREET ADDRESS 15013 GREEN VALLEY BLVD CITY-ST-ZIP CLERMONT FL 34711	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S CHRIS BISHOP STREET ADDRESS 2255 S. LAKESHORE DRIVE CITY-ST-ZIP CLERMONT FL 34711
TITLE <input checked="" type="checkbox"/> Delete	T WEATHERS, T N STREET ADDRESS 8516 FIRESTONE CIRCLE CITY-ST-ZIP CLERMONT FL	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T KEN ALEXANDER STREET ADDRESS 8540 SPYGLASS LOOP CITY-ST-ZIP CLERMONT FL 34711
TITLE <input type="checkbox"/> Delete	D FRANK SCHMIDT STREET ADDRESS 8601 SPYGLASS LOOP CITY-ST-ZIP CLERMONT FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	D MELTON, HOUSTON STREET ADDRESS 14731 GREEN VALLEY BLVD CITY-ST-ZIP CLERMONT FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRES 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)