

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709763

1. Entity Name

WILLISTON HIGHLANDS GOLF & COUNTRY CLUB ASSOCIAT

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90111 006 ****61.25

Principal Place of Business

Mailing Address

WILLISTON HIGHLANDS
789 NE STATE RD 121
WILLISTON FL 32696
US

789 NE STATE RD 121
WILLISTON FL 32696-8967
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1173769

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

STREITENBERGER, BOB
15995 NE 13TH ST
WILLISTON FL 32696

Name

Randall Martin

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

380 East Country Club Drive

City

Williston

FL

Zip Code

32696

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

Bob Streitenberger

President
Randall Martin

2-25-00

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 P ☒ Delete
NAME STREITENBERGER, BOB
STREET ADDRESS 15995 NE 13TH ST
CITY-ST-ZIP WILLISTON FL

TITLE President ☐ Change ☒ Addition
NAME Randall Martin
STREET ADDRESS 380 East C.C. Drive
CITY-ST-ZIP Williston FL 32696

TITLE V ☒ Delete
NAME PHILLIPS, JODY
STREET ADDRESS 2851 NE 165TH TERRACE
CITY-ST-ZIP WILLISTON FL 32696

TITLE Vice President ☒ Change ☐ Addition
NAME Norm St John
STREET ADDRESS 11690 SE 81st Street
CITY-ST-ZIP Williston FL 32668

TITLE STD ☐ Delete
NAME CLAIRE, KEITH
STREET ADDRESS 15148 NE 3RD PL
CITY-ST-ZIP WILLISTON FL 32696

TITLE D ☐ Change ☐ Addition
NAME Scott Hall
STREET ADDRESS 607 NE 10th Blvd
CITY-ST-ZIP Williston FL 32696

TITLE D ☒ Delete
NAME BRYANT, THOMAS
STREET ADDRESS 471 E. COUNTRY CLUB DRIVE
CITY-ST-ZIP WILLISTON FL 32696

TITLE D ☐ Change ☐ Addition
NAME Tom Lambert
STREET ADDRESS 15280 NE 3rd PL
CITY-ST-ZIP Williston FL 32696

TITLE D ☐ Delete
NAME KEYSER, RON
STREET ADDRESS 531 NW 151TH ST TERR.
CITY-ST-ZIP WILLISTON FL 32696

TITLE D ☐ Change ☐ Addition
NAME Tom Mower
STREET ADDRESS 148 E C.C. Drive
CITY-ST-ZIP Williston FL 32696

TITLE D ☒ Delete
NAME MCGUIRE, KEN
STREET ADDRESS 1064 NW 155TH CT.
CITY-ST-ZIP WILLISTON FL 32696

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:

Bob Streitenberger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-00 528-2520

CR2E037 (9/99)