

2002 UNIFORM BUSINESS REPORT (UBR)

9/12

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-12-2002 90062 006 ****61.25

DOCUMENT # 709763

1. Entity Name

WILLISTON HIGHLANDS GOLF & COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business

WILLISTON HIGHLANDS
 789 NE STATE RD 121
 WILLISTON FL 32696
 US

Mailing Address

789 NE STATE RD 121
 WILLISTON FL 32696
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1173769

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTIN, RANDALL
 380 E COUNTRY CLUB DR
 WILLISTON FL 32696

7. Name and Address of New Registered Agent

Name **JOSEPH PLUMMER**
 Street Address (P.O. Box Number is Not Acceptable)
3619 N.W. 40th ST.
 City **GAINESVILLE** FL Zip Code **32606**

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

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

(NOTE: Registered Agent signature required when reinstating)

9/11/2002

DATE

After September 13, 2002,
 min. will be \$238.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	MARTIN, RANDALL 380 E COUNTRY CLUB DR WILLISTON FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ST JOHN NORM 11680 SE 81ST STREET MORRISTON FL 32688	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLAIRE, KEITH 15148 NE 3RD PL WILLISTON FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, SCOTT 607 NE 10TH BLVD WILLISTON FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYSER, RON 531 NW 15TH ST TERR. WILLISTON FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOE PLUMMER 3619 N.W. 40th ST. GAINESVILLE, FL 32606-6187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES R. MANN 130 W. COUNTRY CLUB DR. WILLISTON, FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM-MOWER 148 E. COUNTRY CLUB DR. WILLISTON FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE MARLIN 3251 N.E. 215th Ave WILLISTON, FL 32696-7067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSCOE BARBER 1194 N.E. 155th Ct. WILLISTON, FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARDON, MR. 15630 N.E. 8th Pl. WILLISTON, FL 32696	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: R. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 11, 2002 (352) 528-1206

Date

Daytime Phone #

CR2E037 (4/02)