

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

0087363

**DOCUMENT # 709968**

1. Entity Name

**POINT O'WOODS COUNTRY CLUB, INC.,**

03-28-2002 90134 040 \*\*\*\*61.25

Principal Place of Business

**9228 E GOSPEL ISLAND ROAD  
 INVERNESS FL 34451-7937  
 US**

Mailing Address

**P.O. BOX 937  
 INVERNESS FL 34451-0937  
 US**

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

**59-1761006**

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

**SASSO, DORETTA B  
 227 S BROCK STREET  
 INVERNESS FL 34450**

Name

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

City

**FL**

Zip Code

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

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 **D** ☒ Delete  
 NAME **SCHLAGHECK, DOLLY**  
 STREET ADDRESS **6280 E PENROSE ST**  
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Raymond Spangenberg**  
 STREET ADDRESS **6280 E. Penrose St.**  
 CITY-ST-ZIP **Inverness, FL 34452**

TITLE **DS** ☐ Delete  
 NAME **SASSO, DORETTA B.**  
 STREET ADDRESS **227 S. BROCK POINT**  
 CITY-ST-ZIP **INVERNESS, FL 00000 34450**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **VERKADE, L**  
 STREET ADDRESS **8618 GOSPEL ISLAND RD, LT. 45**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV** ☒ Delete  
 NAME **TOMSON, R**  
 STREET ADDRESS **1689 SO. BEA AVE.**  
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **DV** ☐ Change ☐ Addition  
 NAME **Roland Seyb**  
 STREET ADDRESS **9432 E. Gospel Isl. Rd.**  
 CITY-ST-ZIP **Inverness, FL 34450**

TITLE **D** ☐ Delete  
 NAME **FREISE, B**  
 STREET ADDRESS **8618 E. GOSPEL ISLAND RD. LT. 11**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☒ Delete  
 NAME **LIKEN, JOHN**  
 STREET ADDRESS **9000 E GOSPEL ISL RD**  
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **P** ☐ Change ☐ Addition  
 NAME **Dolly Schlagheck**  
 STREET ADDRESS **6280 E. Penrose St.**  
 CITY-ST-ZIP **4760 So Clearsprings Dr. Floral City, FL 34436**

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:

**Lavonne D. Verkade** **3-19-02** **(352) 344-1554**  
 Lavonne D. Verkade  
 Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)