

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710098

1. Entity Name

BUCKHORN SPRINGS GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

P.O. BOX 1254  
VALRICO FL 33594

Mailing Address

P.O. BOX 1254  
VALRICO FL 33594

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

59-1208774

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

GLUSICA, NOMA  
C/O FAMILY MOTORS  
5413 HWY 92 W.  
PLANT CITY FL 33567

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HOLM, MICK	
STREET ADDRESS	2807 FAIRWAY VIEW DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LAVAZZA, ROBERT	
STREET ADDRESS	2210 MISTY RIDGE LN	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GLUSICA, NOMA	
STREET ADDRESS	% FAMILY MOTORS/5413 HWY 92 W	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LAPOINTE, LARRY	
STREET ADDRESS	2228 WILDWOOD HOLLOW DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALMSLEY, JOHN	
STREET ADDRESS	2922 STARMOUNT DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASON, STEVEN T	
STREET ADDRESS	4949 WILLOW RIDGE TERRACE	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. LEON HOKE	
STREET ADDRESS	2511 BULKWELL DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD HINTON	
STREET ADDRESS	P.O. BOX 70	
CITY-ST-ZIP	SHADNEY, FL 33587-0104	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK CORD	
STREET ADDRESS	4418 PAWNEE PATH	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. TERRENCE M. QUINN	
STREET ADDRESS	2926 STARMOUNT DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY O'NEAL HILL	
STREET ADDRESS	1329 BIG PINE DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED PROUSE	
STREET ADDRESS	2410 ARBORWOOD DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	

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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02

Date

(813) 689-7766

Daytime Phone #

CR2E037 (9/01)

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90716 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE