

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710777

1. Entity Name

SOMBRERO COUNTRY CLUB, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90076 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4000 SOMBRERO BLVD.  
MARATHON FL 33050  
US

P.O. BOX 500969  
MARATHON FL 33050-0969  
US

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

59-1142228

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

HEFFERNAN, W.J. J  
2975 OVERSEAS HIGHWAY  
MARATHON FL 33050

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	TD	<input type="checkbox"/> Delete
NAME	REASIN, RICHARD	
STREET ADDRESS	27790 KYLE BLVD	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PALGUTA, ROBERT F	
STREET ADDRESS	OCEAN FRONT CONDOS, #1	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051-0855	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	QUINLAN, JOHN J.	
STREET ADDRESS	1515 SOMBRERO BLVD. D-1	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BESSEMER, GERALD L.	
STREET ADDRESS	80622 POPOISE DRIVE	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, KATHERINE E.	
STREET ADDRESS	75 TINGLER ISLAND	
CITY-ST-ZIP	MARATHON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, ROBERT H	
STREET ADDRESS	241 - 12TH STREET	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051-0194	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS FUNK JR.	
STREET ADDRESS	1025 W. OCEAN DR.	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY BAUMGARTNER	
STREET ADDRESS	100 TINGLER ISLAND	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	SEC / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD HALL	
STREET ADDRESS		
CITY-ST-ZIP	DUCK KEY, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: RICHARD C. REASIN, TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/00 305-743-2357

CR2E037 (9/99)