

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 27, 2000 08:00 AM
Secretary of State

DOCUMENT # 711893

1. Entity Name

STARKE GOLF AND COUNTRY CLUB

Principal Place of Business

Mailing Address

NE 16TH STREET
FRD 1, BOX 869
STARKE FLA
32091

NE 16TH STREET
FRD 1, BOX 869
STARKE FLA
32091

2. Principal Place of Business

NE 16TH STREET

3. Mailing Address

NE 16TH STREET

Suite, Apt. #, etc.

FRD 1, BOX 869

Suite, Apt. #, etc.

FRD 1, BOX 869

City & State

STARKE

FL

City & State

STARKE

FL

4. FEI Number

59-0881494

Applied For

Not Applicable

Zip

32091

Country

US

Zip

32091

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ERLE L. BIGGS

RT 1 BOX 869

STARKE

32091

FL

US

7. Name and Address of New Registered Agent

Name

MCKINNEY BUFORD MR.

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

656 EVERGREEN STREET

City

STARKE

FL

Zip Code

32091

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 BUFORD MCKINNEY

08/27/2000

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

TITLE	D		<input type="checkbox"/> Delete
NAME	HEAVNER	BILL	
STREET ADDRESS	RT 1 BOX 869		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	D		<input type="checkbox"/> Delete
NAME	MCRAE	GERTIE	
STREET ADDRESS	RT 1 BOX 869		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	D		<input type="checkbox"/> Delete
NAME	PEUGH	GLEN	
STREET ADDRESS	RT 1 BOX 869		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	S		<input type="checkbox"/> Delete
NAME	GILLENWATERS	TODD	
STREET ADDRESS	RT 1 BOX 869		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	VP		<input type="checkbox"/> Delete
NAME	TEW	DAVID	
STREET ADDRESS	RT 1 BOX 869		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	P		<input type="checkbox"/> Delete
NAME	MCCRAY	ARLEY	
STREET ADDRESS	RT 1 BOX 869		
CITY-ST-ZIP	STARKE	FL	32091

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER	JAMES	
STREET ADDRESS	1304 SEARING ST.		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESCOTT	WALT	
STREET ADDRESS	P O BOX 173		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDEBRAN	GARY	
STREET ADDRESS	P O BOX 1273		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	S		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOXLEY	BEN	
STREET ADDRESS	RT 1 BOX 758-E		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	VP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS	JIM MR.	
STREET ADDRESS	1316 WEST MADISON STREET		
CITY-ST-ZIP	STARKE	FL	32091

TITLE	P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY	BUFORD MR.	
STREET ADDRESS	656 EVERGREEN STREET		
CITY-ST-ZIP	STARKE	FL	32091

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.