

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 711893****1. Entity Name**  
**STARKE GOLF AND COUNTRY CLUB**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
NE 16TH STREET	NE 16TH STREET
FRD 1, BOX 869	FRD 1, BOX 869
STARKE FL	STARKE FL
32091 US	32091 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
NE 16TH STREET	NE 16TH STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
RRD 1, BOX 869	RRD 1, BOX 869

<b>City &amp; State</b>	<b>City &amp; State</b>
STARKE FL	STARKE FL

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
32091	US	32091	US

<b>4. FEI Number</b>	<b>Applied For</b>
<b>59-0881494</b>	<input type="checkbox"/> Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

<b>MCKINNEY BUFORD MR.</b>
<b>656 EVERGREEN STREET</b>
<b>STARKE FL</b>
<b>32091 US</b>

**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b>
<b>FL Zip Code</b>

**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.**

<b>SIGNATURE</b>	<b>04/26/2001</b>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>DATE</small>

(NOTE: Registered Agent signature required when reinstalling)**FILE NOW:**  
**FEE IS \$61.25**

<b>9. Election Campaign Financing</b>	<b>\$5.00 May Be</b>
<b>Trust Fund Contribution.</b>	<b>Added to Fees</b>

**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ROGER JAMES</b>	
<b>STREET ADDRESS</b>	<b>1304 SEARING ST.</b>	
<b>CITY-ST-ZIP</b>	<b>STARKE FL 32091</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WESCOTT WALT</b>	
<b>STREET ADDRESS</b>	<b>P O BOX 173</b>	
<b>CITY-ST-ZIP</b>	<b>STARKE FL 32091</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HILDEBRAN GARY</b>	
<b>STREET ADDRESS</b>	<b>P O BOX 1273</b>	
<b>CITY-ST-ZIP</b>	<b>STARKE FL 32091</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>MOXLEY BEN</b>	
<b>STREET ADDRESS</b>	<b>RT 1 BOX 758-E</b>	
<b>CITY-ST-ZIP</b>	<b>STARKE FL 32091</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LEWIS JIM MR.</b>	
<b>STREET ADDRESS</b>	<b>1316 WEST MADISON STREET</b>	
<b>CITY-ST-ZIP</b>	<b>STARKE FL 32091</b>	
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MCKINNEY BUFORD MR.</b>	
<b>STREET ADDRESS</b>	<b>656 EVERGREEN STREET</b>	
<b>CITY-ST-ZIP</b>	<b>STARKE FL 32091</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Buford McKinney P 04/26/2001**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate Daytime Phone #

CR2E037 (11/00)