

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90040 041 ****61.25

DOCUMENT # 712864

1. Entity Name

MISSION VALLEY GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

1851 MISSION VALLEY BLVD
 LAUREL FL 34272
 US

PO BOX 266
 LAUREL FL 34272-0266
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1230602

Applied For

Not Applied For

Zip

Country

Zip

Country

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

DULMER, JOHN J JR
2057 TOCOBAGA LANE
NOKOMIS FL 34275

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 **VD** Delete
 NAME **DULMER, JOHN J JR**
 STREET ADDRESS **2057 TOCOBAGA LANE**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **LANG, RAYMOND P JR**
 STREET ADDRESS **254 LOOKOUT POINT DR**
 CITY-ST-ZIP **OSPREY FL**

TITLE **TD** Change Addition
 NAME **Towner, Walter T.**
 STREET ADDRESS **2153 Sonoma Dr.**
 CITY-ST-ZIP **Nokomis, FL 34275**

TITLE **TD** Delete
 NAME **AUGENTHALER, WARREN W**
 STREET ADDRESS **201 HARBOR HOUSE DR**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE **VD** Change Addition
 NAME **Dent, Paul A.**
 STREET ADDRESS **2206 Casey Key Rd.**
 CITY-ST-ZIP **Nokomis, FL 34275**

TITLE **PED** Delete
 NAME **BONE, DUANE**
 STREET ADDRESS **143 SEA ANCHOR DR**
 CITY-ST-ZIP **OSPREY FL**

TITLE **SD** Change Addition
 NAME **Horlick, Michael D.**
 STREET ADDRESS **604 Apalachicola Rd.**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

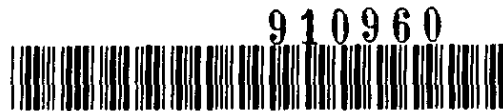
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00

Date

941-488-9683

Daytime Phone #



DO NOT WRITE IN THIS SPACE