

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 712864**

1. Entity Name

MISSION VALLEY GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

**1851 MISSION VALLEY BLVD
LAUREL FL 34272
US**

Mailing Address

**PO BOX 266
LAUREL FL 34272
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

59-1230602

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

**HORLICK, MICHAEL
604 APALACHICOLA RD.
VENICE 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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	HOEFFEL, BRUCE	
STREET ADDRESS	4539 LONGSPUR LANE	
CITY-ST-ZIP	SARASOTA FL 34238	

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, JOHN	
STREET ADDRESS	9000 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Urbanski, Domenica P.	
STREET ADDRESS	1975 White Feather Lane	
CITY-ST-ZIP	Nokomis, Florida 34275	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DENT, PAUL A	
STREET ADDRESS	2206 CASEY KEY RD.	
CITY-ST-ZIP	NOKOMIS FL 34275	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	White, James C.	
STREET ADDRESS	471 Oak Point Rd.	
CITY-ST-ZIP	Osprey, FL 34229	

TITLE	TD	<input type="checkbox"/> Delete
NAME	HORLICK, MICHAEL D	
STREET ADDRESS	604 APALACHICOLA RD.	
CITY-ST-ZIP	VENICE FL 34285	

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/02 (941) 488-9683

CR2E037 (9/01)