

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # 716194

1. Entity Name

BROOKSVILLE GOLF & COUNTRY CLUB, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

02-28-2000 90074 044 ****61.25

Principal Place of Business

Mailing Address

23446 LINKS DRIVE
BROOKSVILLE FL 3460123446 LINKS DRIVE
BROOKSVILLE FL 34601-5219

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

59-1260192

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRITT, JR DANIEL B

P.O. BOX 1900

BROOKSVILLE FL 34605-1900

224 N. BROAD ST.
BROOKSVILLE, FL 34601

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DONATO, DAVID	
STREET ADDRESS	419 HILLSIDE COURT	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUNLEVY, MIKE	
STREET ADDRESS	24075 WINDING CREEK DR	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAWSON, ALBERT	
STREET ADDRESS	16223 FRIENDLY ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DONALD	
STREET ADDRESS	9321 WALLIEN DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPBACH, MARK	
STREET ADDRESS	9948 DOMINGO DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETTY, JOHN	
STREET ADDRESS	11031 NOTTINGHAM FORREST DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	Sec./Trea.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Caverly	
STREET ADDRESS	7166 Lexington Circle	
CITY-ST-ZIP	Brooksville, FL 34602	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Stender	
STREET ADDRESS	6044 Beechwood Dr.	
CITY-ST-ZIP	Ridge Manor, FL 33523	
TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Camille Padula	
STREET ADDRESS	3498 Crum Rd.	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE		<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		<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 #

2/15/00

352-796-8236

3/22/00

CR2E037 (9/99)