

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90193 028 *****61.25

DOCUMENT # 718507

1. Entity Name

ATLANTIS GOLF CLUB, INC.

Principal Place of Business

**301 ORANGE TREE DRIVE
 ATLANTIS FL 33462**

Mailing Address

**301 ORANGE TREE DRIVE
 ATLANTIS FL 33462**

00025273

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1361946

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STEDEM, DAN
 221 PALM CIRCLE
 ATLANTIS FL 33462**

**Change*

7. Name and Address of New Registered Agent

Name **OTIS S. BROWN, JR.**

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

355 Glenbrook Drive

City **Atlantis, FL**

FL Zip Code **33462**

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

TITLE **DT** ☐ Delete
 NAME **BROWN, OTIS**
 STREET ADDRESS **355 GLENBROOK DR**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **DS** ☒ Delete
 NAME **KNOX, ALLAN**
 STREET ADDRESS **344 S. COUNTRY CLUB DR**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **D** ☐ Delete
 NAME **BEACH, STAFFORD**
 STREET ADDRESS **421 N. ATLANTIC DR**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE **DP** ☒ Delete
 NAME **STEDEM, DAN**
 STREET ADDRESS **221 PALM CIRCLE**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **D** ☒ Delete
 NAME **DAHLGREN, MICHAEL**
 STREET ADDRESS **250 JFK DR**
 CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE **D** ☒ Delete
 NAME **ROST, RICHARD**
 STREET ADDRESS **447 PINE VILLA DR**
 CITY-ST-ZIP **ATLANTIS FL 33462**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
 NAME **Brown, Otis**
 STREET ADDRESS **same address**
 CITY-ST-ZIP

TITLE **Vice-President** ☐ Change ☒ Addition
 NAME **Dicks, Barbara**
 STREET ADDRESS **628 Cypress Key** **Atlantis, FL** **33462**
 CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Roy Spence**
 STREET ADDRESS **410 Glenbrook Dr.** **Atlantis, FL** **33462**
 CITY-ST-ZIP

TITLE **Larson, Morgan** ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **111 Villa Circle** **Atlantis, FL** **33462**
 CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Kelly, Patrick**
 STREET ADDRESS **118 Driftwood Circle** **Atlantis, FL** **33462**
 CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
 NAME **Denmark, George**
 STREET ADDRESS **329 Glenbrook Dr.** **Atlantis, FL** **33462**
 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 #

CR2E037 (10/00)