

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720031

1. Entity Name

ROLLING GREEN GOLF VILLAGE ASSOCIATION, INC.

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90030 036 \*\*\*\*61.25

Principal Place of Business 2591 GOLF COURSE DR. SARASOTA FL 34234	Mailing Address 2591 GOLF COURSE DR. SARASOTA FLA 34234-4903
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CUU13100



DO NOT WRITE IN THIS SPACE

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 59-1619412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDWARDS, RONALD  
2614 HALF COURSE DR  
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name  
EDWARDS, RONALD  
Street Address (P.O. Box Number is Not Acceptable)  
2614 GOLF COURSE DR  
City  
SARASOTA FL Zip Code  
34234

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 *Ronald Edwards* RONALD EDWARDS - PRESIDENT 1/27/00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> KINGETER, RUSTY 2585 GOLF COURSE DR SARASOTA FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETRAGNANI, JR., ALBERT 2576 GOLF COURSE DR SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARVIN, ANNE K. 2723 GOLF COURSE DR SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUETHLEIN, ANNA MAE 2437 GOLF COURSE DR SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, AL 2615 GOLF COURSE DR SARASOTA FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> BARDEN, RALPH E. 2568 GOLF COURSE DR SARASOTA FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald Edwards* 1/27/00 941-355-7975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #