

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728369

1. Entity Name

HIGH POINT COUNTRY CLUB, GROUP FIVE, INC.

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MGMT
3435 10TH ST N #201
NAPLES FL 33940
US

C/O INTEGRATED PROPERTY MGMT.
3435 10TH ST N #201
NAPLES FL 34103-3815
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

59-1909895

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

HENNELLS, SCOTT C
9220 BONITA BEACH RD, SUITE 108
BONITA SPRINGS FL 33923

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HAPGOOD, ALFRED
49 HIGH POINT CIRCLE S #201
NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BRINGARDNER, THOMAS
49 HIGH POINT CIRCLE S #304
NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BRUNO, ARTHUR
49 HIGH POINT CIRCLE S #304
NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
DONOVAN, JOSEPH
49 HIGH POINT CIRCLE S #207
NAPLES FL 34103 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
Johnston, Margaret
49 High Point Circle S. #110
Naples, FL 34103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
FILER, FRANK
49 HIGH POINT CIRCLE S #208
NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

ALFRED

HAPGOOD

3/29/00

944-434-7447

Date

Daytime Phone #

CR2E037 (9/99)