

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728372

1. Entity Name

HIGH POINT COUNTRY CLUB, GROUP EIGHT, INC.

Principal Place of Business

17 HIGH POINT CIRCLE
NAPLES FL 34103
US

Mailing Address

2335 9T ST N
STE 504
NAPLES FL 34103

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

59-1977501

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

GULF VIEW PROPERTY MANAGEMENT, INC.
2335 9TH ST N
STE 504
NAPLES FL 34103

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 DS ☐ Delete
NAME PETERS, MARLENE
STREET ADDRESS 17 HIGHPOINT CIRCLE #309
CITY-ST-ZIP NAPLES, FL 00000

TITLE ☐ Change ☐ Addition
NAME Cawthra, Marion
STREET ADDRESS 17 High Point Cir. N. #202
CITY-ST-ZIP Naples, Fl. 34103

TITLE PD ☒ Delete
NAME STYLES, HELEN
STREET ADDRESS 17 HIGH POINT CIR. N. #304
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME Cawthra, Marion
STREET ADDRESS 17 High Point Cir. N. #202
CITY-ST-ZIP Naples, Fl. 34103

TITLE D ☐ Delete
NAME RICHMAN, KEN
STREET ADDRESS 17 HIGH POINT CIRCLE #208
CITY-ST-ZIP NAPLES FL 34103

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

TITLE D ☐ Delete
NAME SMITH, BOB
STREET ADDRESS 17 HIGH POINT CIRCLE NORTH #206
CITY-ST-ZIP NAPLES FL

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

TITLE D ☐ Delete
NAME RODDY, FRAN
STREET ADDRESS 17 HIGH POINT CIR., 201
CITY-ST-ZIP NAPLES FL 34103

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

TITLE D ☐ Delete
NAME NOVOTNY, RUTH
STREET ADDRESS 17 HIGH POINT CIR N., #204
CITY-ST-ZIP NAPLES FL 34103

TITLE T ☒ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-00

941-403-7991

CR2E037 (9/99)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90098 020 ****61.25



DO NOT WRITE IN THIS SPACE