

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734200

1. Entity Name

LANARK VILLAGE GOLF CLUB, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90186 027 ****61.25

Principal Place of Business

LANARK VILLAGE CHILLAS HALL
 156-A HEFFERNAN DRIVE
 LANARK VILLAGE FL 32323

Mailing Address

P O BOX 1337
 LANARK VILLAGE FL 32323-1337
 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

59-1309253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MELOCHE, RONALD E
 52-1 PARKER P O BOX 352
 156-A HEFFERNAN DRIVE
 LANARK VILLAGE FL 32323

7. Name and Address of New Registered Agent

Name ALLYN S. JASPER
 Street Address (P.O. Box Number is Not Acceptable)
13-1 PARKER AVE P.O. Box 726
 City LANARK VILLAGE FL Zip Code 32323-0726

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 NAME STREET ADDRESS CITY-ST-ZIP	ST TINKER, THELMA E 8-5 CARNATION CT P O BOX 1418 LANARK VILLAGE FL 32323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COURAGE, RAYMOND L 104 CARL KING AVE P O BOX 1418 LANARK VILLAGE FL 32323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MELOCHE, RONALD E 52-1 PARKER AVE P O BOX 352 LANAK VILLAGE FL 32323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLBERT, NOLA M 131 CARL KING AVE P O BOX 534 LANARK VILLAGE FL 32323	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, DOROTHY J 7-2 CAMELIA CT P O BOX 1352 LANARK VILLAGE FL 32323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, VERNON 213 CARL KING AVE P O BOX 734 LANARK VILLAGE FL 32323	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VT HERING, HAROLD 6-2 PARKER AVE. P.O.B. 341 LANARK VILLAGE, FL 32323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
J JASPER, ALLYN S. 13-1 PARKER AVE P.O.B. 726 LANARK VILLAGE FL 32323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P SEWELL, HUBERT 53-7 HEFFERNAN DR P.O.B 525 LANARK VILLAGE FL 32323	<input type="checkbox"/> Change <input checked="" 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)(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:

ALLYN S. JASPER ALLYN S. JASPER 4/28/00 850-697-4323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)