

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2001 8:00 am**  
**Secretary of State**

07-13-2001 90006 008 \*\*\*\*61.25

**DOCUMENT # 734200**

1. Entity Name

**LANARK VILLAGE GOLF CLUB, INC.**

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

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**

**After September 12, 2001, min. will be \$236.25**

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	<b>ST TINKER, THELMA E 8-5 CARNATION CT P O BOX 1418 LANARK VILLAGE FL 32323</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT HERING, HAROLD 6-2 PARKER AVE POB 341 LANARK VILLAGE FL 32323</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JASPER, ALLYN S 13-1 PARKER AVE POB 726 LANAK VILLAGE FL 32323</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SEWELL, HUBERT 53-7 HEFFERNAN DR POB 525 LANARK VILLAGE FL 32323</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARK, DOROTHY J 7-2 CAMELIA CT P O BOX 1352 LANARK VILLAGE FL 32323</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETERSON, VERNON 213 CARL KING AVE P O BOX 734 LANARK VILLAGE FL 32323</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST EVELYN BERGEN 16-6 COLLINS AVE POB 1227 LANARK VILLAGE 32323-1827</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT WARD GODBURN 2268 HWY 98 E CARA BELLE, FL 32322</b>	<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 title empowered.

SIGNATURE:

*Allen A. Jasper*

2/10/01

697-3395

**C0073393**



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)