## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** Feb 27, 2002 8:00 am Secretary of State DOCUMENT # **734200** 1. Entity Name LANARK VILLAGE GOLF CLUB, INC. 02-27-2002 90058 016 \*\*\*\*61.25 Principal Place of Business Mailing Address L'ANARK VILLAGE CHILLAS HALL P O ROX 1337 156-A HEFFERNAN DRIVE LANARK VILLAGE FL 32323-1337 LANARK VILLAGE FL 32323 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1309253 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MELOCHE, RONALD E 52-1 PARKER P O BOX 352 156-A HEFFERNAN DRIVE LANARK VILLAGE FL 32323 Zip Code FL 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. TOWNER AND VOEED LOST DAN DARIE BUTA AND POX TAL SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **可能的**对方的对称的人。 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete (9/07) TITLE ☐ Change ☐ Addition NAME Bergen. Everlyn NAME 16-6 COLLINS AVENUE, P.O. BOX 1227 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANARK VILLAGE FL 32323-1627 CITY-ST-ZIP TITLE VT. ☐ Delete TITLE Change ☐ Addition NAME HERING, HAROLD NAME STREET ADDRESS 6-2 PARKER AVE POB 341 STREET ADDRESS CITY-ST-ZIP LANARK VILLAGE FL 32323 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition JASPER, ALLYN S NAME NAME 13-1 PARKER AVE POB 726 STREET ADDRESS STREET ADDRESS CITY-ST-7IP Lanak village fl 32323 CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition GODBURN, WARD NAME NAME STREET ADDRESS 2268 HWY 98 E STREET ADDRESS CITY-ST-ZIP CARRABELLE FL 32322 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition CLARK, DOROTHY J NAME 7-2 CAMELIA CT P O BOX 1352 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANARK VILLAGE FL 32323 CITY-ST-ZIP $\mathbf{D}$ TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETERSON, VERNON NAME NAME STREET ADDRESS 213 CARL KING AVE P O BOX 734 STREET ADDRESS CITY-ST-ZIP LANARK VILLAGE FL 32323 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 of the corporation of the receiver or trustee empowered.