

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-15-2000 90113 034 ****61.25

DOCUMENT # 739689

1. Entity Name

SOUTHWEST VILLAS CLUB, INC.

Principal Place of Business

Mailing Address:

**3632-1 S W 20TH LANE
GAINESVILLE FL 32607**

**3632-1, S W 20TH LANE
GAINESVILLE FL 32607-4428**

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

59-2067385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORGAN, MARGARET K.
3632-1 SW 20TH LANE
GAINESVILLE, FL 32607**

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

Margaret K. Morgan

Signature, typed or printed name of registered agent and fee 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
**PD
THOMPSON, LANNIE H., JR
11207 NW 12TH PLACE
GAINESVILLE FL 32607**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MORGAN, MARGARET K.
3632-1 SW 20TH LANE
GAINESVILLE FL 32607**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MORGAN, STANTON A
3632-1 SW 20TH LANE
GAINESVILLE FL 32607**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Margaret K. Morgan

4/4/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)