

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90085 020 \*\*\*\*61.25

0063381

**DOCUMENT # 740448**

1. Entity Name

**COVE CAY COUNTRY CLUB, INC.**

Principal Place of Business

2612 COVE CAY DRIVE  
 CLEARWATER FL 33760

Mailing Address

2612 COVE CAY DRIVE  
 CLEARWATER FL 33760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1768044**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**OWEN, WILLIAM**  
**2612 COVE CAY DRIVE**  
**CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name

**Norma Murray**

Street Address (P.O. Box Number is Not Acceptable)

**2800 Cove Cay Dr. Apt 7F**

City

**Clearwater**

**FL**

Zip Code

**33760**

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

*Norma C Murray*, **Norma C Murray**

**3/20/01**

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	VPD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DON	
STREET ADDRESS	2618 COVE CAY DRIVE #107	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	PD	<input type="checkbox"/> Delete
NAME	INGHAM, FRED	
STREET ADDRESS	2614 COVE CAY DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	JONES, ROBERT	
STREET ADDRESS	2620 COVE CAY DR 605	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	TELLER, PAUL	
STREET ADDRESS	2618 COVE CAY DRIVE #907	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNELLE, RICHARD	
STREET ADDRESS	2375 NURSERY ROAD	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYONS, JOY	
STREET ADDRESS	2614 COVE CAY DR 208	
CITY-ST-ZIP	CLEARWATER FL 33760	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma Murray	
STREET ADDRESS	2800 Cove Cay Drive #7F	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	VP Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herb Williams	
STREET ADDRESS	2900 Cove Cay Drive #1E	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 FLORENCE*, **Norma C Murray**

Date

Daytime Phone #

**3/20/01** **227-536-1949**

CR2E037 (10/00)