

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90143 046 \*\*\*\*61.25

**DOCUMENT # 741078**

1. Entity Name

**KEYSTONE GOLF AND COUNTRY CLUB, INC.**



Principal Place of Business

**294 SE 43RD STREET  
KEYSTONE HEIGHTS FL 32656  
US**

Mailing Address

**294 SE 43RD ST.  
KEYSTONE HEIGHTS FL 32656  
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 **59-0939614**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALKER, BEN  
5315 CR 352  
KEYSTONE HEIGHTS FL 32656**

7. Name and Address of New Registered Agent

Name **Jackson, John W.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4951 S.W. 143rd Street**  
City **Starke** FL Zip Code **32091**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete  
NAME **MC NAIR, THERESA**  
STREET ADDRESS **471 SE 41ST LOOP APT 160**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **PD** ☐ Delete  
NAME **WALKER, BEN**  
STREET ADDRESS **5315 CR 352**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **VPD** ☒ Delete  
NAME **HOCKMAN, ROBERT L**  
STREET ADDRESS **4617 SE 3RD PLACE**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **TD** ☒ Delete  
NAME **ROBERTS, SCOTT**  
STREET ADDRESS **1317 CHATAUGUA WAY**  
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Asst. Treasurer / Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition  
NAME **McDonald, William**  
STREET ADDRESS **1235 S.W. Point View**  
CITY-ST-ZIP **Keystone Heights, FL 32656**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Stafford, John T.**  
STREET ADDRESS **1086 S.E. County Road 21 B**  
CITY-ST-ZIP **Melrose, FL 32664**

TITLE **PD** ☐ Change ☒ Addition  
NAME **Jackson, John W.**  
STREET ADDRESS **4951 S.W. 143rd Street**  
CITY-ST-ZIP **Starke, FL 32091**

TITLE ☐ Change ☐ 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 REQUIRED**

**2-20-03**

**353/473-4301**

CR2E037 (10/02)