

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90093 009 ****61.25

0085247

DOCUMENT # 750505

1. Entity Name

MARINER SANDS COUNTRY CLUB, INC.

Principal Place of Business

6490 MARINER SANDS DRIVE
STUART FL 34997

Mailing Address

6490 MARINER SANDS DRIVE
STUART FL 34997

607742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2054922

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

SORENSEN, PATRICIA D
6490 MARINER SANDS DR
STUART FL 34997

7. Name and Address of New Registered Agent

Name Schadegg, Shelly A
Street Address (P.O. Box Number is Not Acceptable)
6490 MARINER SANDS DR
City STUART FL 34997

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

Shelly Schadegg

SHELLY SCHADEGG

1-10-01

(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	D	<input type="checkbox"/> Delete
NAME	JACOBSON, ALLAN	
STREET ADDRESS	5391 BURNING TREE CIRCLE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRUYETTE, GENE	
STREET ADDRESS	5111 BRANDYWINE WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAUTIO, ARTHUR A	
STREET ADDRESS	5711 WINGED FOOT DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLIFFORD, WILLIAM	
STREET ADDRESS	5602 FOXCROSS PLACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAZESKI, EDWARD	
STREET ADDRESS	6265 MARINER SANDS DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STADLER, DONALD A	
STREET ADDRESS	6864 SE PACIFIC DR	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN C. Reagan	
STREET ADDRESS	6213 Canterbury Lane	
CITY-ST-ZIP	STUART FL 34997	
TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, James	
STREET ADDRESS	6266 SE OAKMONT PLACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON, Anne-Macie	
STREET ADDRESS	6245 OAKMONT PLACE	
CITY-ST-ZIP	STUART FL 34997	

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:

JOHN C. Reagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2001

Date

561-221-7300

Daytime Phone #

CR2E037 (10/00)