

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90952 028 ****61.25

DOCUMENT # 750505

1. Entity Name

MARINER SANDS COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

**6490 MARINER SANDS DRIVE
 STUART FL 34997**

**6490 MARINER SANDS DRIVE
 STUART FL 34997**

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

59-2054922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHADEGG, SHELLY
 6490 MARINER SANDS DRIVE
 STUART FL 34997**

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

Shelly Schadeegg

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 25, 2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, ALLAN	
STREET ADDRESS	5391 BURNING TREE CIRCLE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD45	<input checked="" type="checkbox"/> Delete
NAME	BRUYETTE, GENE	
STREET ADDRESS	5111 BRANDYWINE WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REAGON, JOHN C	
STREET ADDRESS	6273 CANTERBURY LANE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, JAMES	
STREET ADDRESS	6266 SE OAKMONT PL	
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 type="checkbox"/> Delete
NAME	MORTON, ANNE-MARIE	
STREET ADDRESS	6245 OAKMONT PL	
CITY-ST-ZIP	STUART FL 34997	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwyer, William	
STREET ADDRESS	6780 SE PACIFIC DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PRESIDENT	<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	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ridgway, Richard	
STREET ADDRESS	6285 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		<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:

Shelly Schadeegg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/02

CR2E037 (9/01)

0057089