

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90779 038 \*\*\*\*61.25

**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**

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, SHELLEY  
6490 MARINER SANDS DRIVE  
STUART FL 34997**

Name

**Gastner, Larry**

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

**6500 Mariner Sands Dr.**

City

**Stuart**

**FL**

Zip Code

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

**Larry Gastner C.O.O.**

(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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DWYER, WILLIAM</b>	
STREET ADDRESS	<b>6780 SE PACIFIC DR</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FRANKIN, JAMES</b>	
STREET ADDRESS	<b>6266 SE DARMONT PLACE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>REAGON, JOHN C</b>	
STREET ADDRESS	<b>8273 CANTERBURY LANE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RIDGEWAY, RICHARD</b>	
STREET ADDRESS	<b>6285 SE DARMONT PLACE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAZESKI, EDWARD</b>	
STREET ADDRESS	<b>8265 MARINER SANDS DRIVE</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORTON, ANNE-MARIE</b>	
STREET ADDRESS	<b>6245 OAKMONT PL</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Vice Pres. D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WELTON, FRANK</b>	
STREET ADDRESS	<b>6440 SE Mariner Sands Dr.</b>	
CITY-ST-ZIP	<b>Stuart, FL 34997</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Pres.</b>	<input checked="" 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	<b>Sec. D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Julian, William</b>	
STREET ADDRESS	<b>6989 SE Pacific Dr.</b>	
CITY-ST-ZIP	<b>Stuart, FL 34997</b>	

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)