

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753558

1. Entity Name

LIVE OAK GOLF & COUNTRY CLUB, INC.

Principal Place of Business

HC 2 BOX 452  
CRESCENT CITY FL 32112  
US

Mailing Address

HC 2 BOX 452  
CRESCENT CITY FL 32112  
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

59-1975485

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, JASON I  
RT. 5 BOX 1826  
PALATKA FL 32177

Change ☒ →

7. Name and Address of New Registered Agent

Name Hester L Hughes  
Street Address (P.O. Box Number is Not Acceptable)  
STAR RT 1, BOX 200  
CRESCENT CITY  
City FL Zip Code 32112

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

Hester L Hughes Hester L Hughes 3/1/01  
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	VP	<input type="checkbox"/> Delete
NAME	PETERSON, JERRY	
STREET ADDRESS	PO BOX 75	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	TS	<input type="checkbox"/> Delete
NAME	KEEVER, GLENN	
STREET ADDRESS	PO BOX 259	
CITY-ST-ZIP	GEORGETOWN FL 32139	
TITLE	P	<input type="checkbox"/> Delete
NAME	DELARM, JOHN	
STREET ADDRESS	PO BOX 606	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARMORE, JEANNE	
STREET ADDRESS	P.O. BOX 66 N/A	
CITY-ST-ZIP	WEKALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIR, GERALD	
STREET ADDRESS	23 S LAKE STREET	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMURRY, R.L.	
STREET ADDRESS	P.O. BOX 106 N/A	
CITY-ST-ZIP	GEORGETOWN FL 32139	

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYnette W. BROWN	
STREET ADDRESS	P.O. BOX 1207	
CITY-ST-ZIP	WEKALA, FL 32193	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE GLENN	
STREET ADDRESS	PO BOX 135	
CITY-ST-ZIP	GEORGETOWN, FL 32139	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELDRIDGE TOWNSEND	
STREET ADDRESS	PO BOX 166	
CITY-ST-ZIP	LAKE COMO, FL 32157	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHINT SWARTZ	
STREET ADDRESS	P.O. BOX 412	
CITY-ST-ZIP	WEKALA, FL 32193	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEVER, GLENN	
STREET ADDRESS	PO BOX 259	
CITY-ST-ZIP	GEORGETOWN, FL 32139	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01  
Date

386-467-2512  
Daytime Phone #

CR2E037 (10/00)