

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90879 046 \*\*\*\*\*70.00

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DOCUMENT # 753558

1. Entity Name

LIVE OAK GOLF & COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

HC 2 BOX 452  
CRESCENT CITY FL 32112  
US

HC 2 BOX 452  
CRESCENT CITY FL 32112  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Crescent City, FL

City & State  
Crescent City, FL

4. FEI Number  
59-1975485

Applied For  
Not Applicable

Zip  
32112

Country  
US

Zip  
32112

Country  
US

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

HUGHES, HESTER L  
STAR RT 1 BOX 200  
CRESCENT CITY FL 32712

Name  
Hughes, Hester L

Street Address (P.O. Box Number is Not Acceptable)  
1800 COUNTY ROAD 308

City  
Crescent 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 Hughes 3/19/02  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, JERRY PO BOX 75 GEORGETOWN FL 32139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KEEVER, GLENN PO BOX 259 GEORGETOWN FL 32139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELARM, JOHN PO BOX 606 SAN MATEO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARMORE, JEANNE P.O. BOX 66 N/A WEKALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEEVER, GLENN P O BOX 259 GEORGETOWN FL 32139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, DALE P O BOX 135 GEROGETOWN FL 32139	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DIRECTOR</del> <del>PATRICK, DOTTIE</del> <del>P.O. BOX 682</del> <del>WEKALA, FL 32193</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TREAS</del> <del>KEEVER, GLENN</del> <del>P.O. BOX 259</del> <del>GEORGETOWN 32139</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY</del> <del>LYNETTE BROWN</del> <del>P.O. BOX 1207</del> <del>WEKALA FL 32193</del>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DIRECTOR</del> <del>ELARIDGE, TOWNSEND</del> <del>P.O. BOX 166</del> <del>LAKE COMO, FL 32157</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>Bob Brooker</del> <del>P.O. BOX 1024</del> <del>WEKALA, FL 32193</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Glenn KEEVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02 386-467-2512

Date Daytime Phone #

CR2E037 (9/01)

*Attachment 6 Datt*

753558

756554

Directors	Name
PRESIDENT	Jack Delarm
VICE- PRESIDENT	Jerome Peterson
TREAS.	Glenn Keever
Secretary	Lynette Brown
Director	Dale Glenn
Director	Eldridge Townsend
Director	Dottie Patrick
Director	Gerald Blair
Director	Robert Broxton

*Attachment & Doc # 753558*  
*756554*

**Live Oak Golf & Country Club, Inc.**  
1264 County Road 309  
Crescent City, Florida 32112

3/21/02

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Directors and Officers

To Whom It May Concern:

On the 2002 Uniform Business Report (UBR), in boxes 10 and 11, there was not enough space to add the new Directors and Officers. Therefore, the following information is correspondence for boxes 10 and 11 of the 2000 UBR.

The following is a list of Directors and Officers that shall be **DELETED**:

**Treasurer/Secretary:** Kever, Glenn, P. O. Box 259, Georgetown, Florida 32139

**Director:** Narmore, Jeanne, P. O. BOX 66, Welaka, FLORIDA 32193

The following is a list of Directors and Officers that shall be **ADDED**:

**Secretary:** Brown, Lynette W., and P. O. BOX 1207, WELAKA, FLORIDA 32193

**Director:** Eldridge Townsend P O Box 166, Lake Como, Florida 32157

**Director:** Robert Broxton, PO Box 1024, Welaka, Florida, 32193

**Director:** Patrick, Dottie, P O Box 682, Welaka, Florida, 32193

**Director:** Blair, Gerald, 23 S Lake Street, Crescent City, Florida, 32112

If you have any questions or concerns regarding the above information, please do not hesitate to call.

Sincerely,

Hester L. Hughes  
Bookkeeper

Telephone: (386) 467-2512

Facsimile: (386) 467-9208