

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90494 035 ****61.25

DOCUMENT # 753558

1. Entity Name
LIVE OAK GOLF & COUNTRY CLUB, INC.



Principal Place of Business
**1264 COUNTY RD 309
CRESCENT CITY, FL 32112 US**

Mailing Address
**1264 COUNTY RD 309
CRESCENT CITY, FL 32112 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1975485

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

7. Name and Address of New Registered Agent

**HUGHES, HESTER L
1800 COUNTY ROAD 308
CRESCENT CITY, FL 32112**

Name **PETERSON, JEROME President**
Street Address (P.O. Box Number is Not Acceptable)
128 MOCKINGBIRD LANE
P.O. BOX 75
City **GEORGETOWN** FL Zip Code **32139**

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 **Jerome Peterson President** **Jerome Peterson** **4/29/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	
VP	PETERSON, JEROME	PO BOX 75	GEORGETOWN, FL 32139	<input type="checkbox"/> Delete
S	BROWN, LYNETTE W	PO BOX 1207	WELAKA, FL 32193	<input type="checkbox"/> Delete
P	DEARM, JACK	PO BOX 606	SAN MATEO, FL	<input checked="" type="checkbox"/> Delete
T	PETERSON, ALFRED	P.O. BOX 1269	WELAKA, FL 32193	<input type="checkbox"/> Delete
T	KEEVER, GLENN	P OB OX 259	GEORGETOWN, FL 32139	<input type="checkbox"/> Delete
D	RAINS, GEORGE	101 OHIO STREET	CRESCENT CITY, FL 32112	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	PETERSON, JEROME	PO BOX 75	GEORGETOWN, FL 32139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	PETERSON, CAROL	208 Park Ave	CRESCENT CITY FL 32112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	see attached			<input checked="" type="checkbox"/> Change <input 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 **Jerome Peterson** **JEROME A PETERSON** **386-469-9960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

NOTICE OF ELECTION TO BE EXEMPT

40074116

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

Effective/Issue Date:
Expiration Date:
Control Number:
Postmark Date:
Received Date:

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application—refer to the instruction sheet for more details.

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

☐ Sole Proprietor ☐ Partner ☐ Corporate Officer (your corp. title: _____) -OR-

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

☒ Corporate Officer (your corp. title: _____) *

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): 753 558

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>LIVE OAK GOLF & COUNTRY CLUB</u>		Trade Name, d/b/a, or a/k/a: <u>SAME</u>	
Business Mailing Address: <u>1264 County Rd. 309</u>		City: <u>Crescent City</u>	State: <u>FL</u>
County: <u>PUTNAM</u>	Phone No.: <u>(888) 467-2512</u>	Nature of Business: <u>GOLF</u>	FEIN: <u>69-1995485</u>
Unemployment Compensation Tax No.: <u>55019370</u>	Date Business Established: <u>7/30/80</u>	No. of Employees: <u>13</u>	
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes _____			

Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? ☒ No ☐ Yes.

YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE

Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? ☒ NO ☐ YES list the name of all other businesses in which you are employed: _____

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

SAMUEL H. HEATHERDALE

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

178-30-13798 12-28-38

SOCIAL SECURITY NO.

mo. day yr.
DATE OF BIRTH

Samuel H. Heatherdale

APPLICANT'S SIGNATURE

4-22-05

DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Putnam

Sworn to and subscribed before me this 22 day of April, 2005, by Samuel H. Heatherdale

Personally Known ☒ OR Produced Identification _____ Type of Identification Produced _____

NOTARY SIGNATURE Patricia A. Boyd My Commission Expires 1/7/2008

ATTACHMENT

NOTICE OF ELECTION TO BE EXEMPT

40074116

Please refer to the written instructions prepared by the
Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application-refer to the instruction sheet for more details.

Effective/Issue Date:

Expiration Date:

Control Number:

Postmark Date:

Received Date:

I am applying for exemption as a (check only one box in this section):

CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)

☐ Sole Proprietor ☐ Partner ☐ Corporate Officer (your corp. title: _____) -OR-

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

☒ Corporate Officer (your corp. title: VICE-CHAIRPERSON)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): 753558

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION
AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>LIVE OAK GOLF & COUNTRY CLUB</u>		Trade Name, d/b/a, or a/k/a: <u>SAME</u>	
Business Mailing Address: <u>1264 Country Rd 309</u>		City: <u>Crescent City</u>	State: <u>FLA</u>
County: <u>Putnam</u>	Phone No.: <u>(386) 767-2512</u>	Nature of Business: <u>GOLF</u>	Zip: <u>32112</u>
Unemployment Compensation Tax No.: <u>0501937-0</u>	Date Business Established: <u>7/30/80</u>	No. of Employees: <u>13</u>	
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes _____			

Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? ☒ No ☐ Yes.

YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE

Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? ☒ NO ☐ YES list the name of all other businesses in which you are employed: _____

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

CAROL ANN PFEIFER

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

474,521,4438 7,20,48

SOCIAL SECURITY NO.

mo. day yr.

DATE OF BIRTH

Carol Pfeifer

APPLICANT'S SIGNATURE

4,21,05

DATE SIGNED

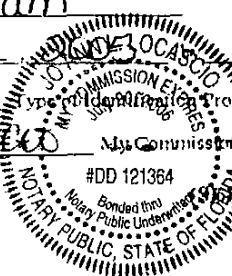
NOTARY STATE OF FLORIDA, COUNTY OF Putnam

Sworn to and subscribed before me this 25 day of April

Personally Known ☒ OR Produced Identification ☒

NOTARY SIGNATURE

LES FORM BCM-250 Revised September 2001



Carol Ann Pfeifer

FL DL# P160-101-48-760-0

July 20, 2006

REVERSE FOR ADDITIONAL INFORMATION

ATTACHMENT

400 74116

753558

Directors	Name	
PRESIDENT	Jerome Peterson	2007
VICE- PRESIDENT	Carol Pfeifer	2008
TREAS.	Alfred Peterson	2006
Secretary	Lynette Brown	2007
Director	Glenn Keever	2006
Director	Gerald Blair	2006
Director	George Rains	2007
Director	Sam Heatherdale	2008
Director	Chip Kwiatkowsie	2008

ATTACHMENT
Live Oak Golf & Country Club, Inc.
1264 COUNTY Rd. 309
Crescent City, Florida 32112

40074116

#753558

4/27/05

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 2004 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 2003 UBR.

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

V. Peterson, Jerome P. O. BOX 75, GEORGETOWN, FLORIDA 32139

To **President:** Peterson, Jerome P. O. BOX 75, GEORGETOWN, FLORIDA 32139

T. Keever, Glenn P O Box 259, Georgetown, Fl. 32139

To **D. Keever, Glenn P O Box 259, Georgetown, Fl. 32139**

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

V. Pfeifer, Carol , 208 Park Ave; Crescent City, Fl 32112

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

Sincerely,

Hester Hughes
Bookkeeper

Telephone: (386) 467-2512

Facsimile: (386) 467-9208