

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

DOCUMENT # 753558

1. Entity Name

LIVE OAK GOLF & COUNTRY CLUB, INC.



FILED

03 MAY -5 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

1264 COUNTY RD 309
CRESCENT CITY FL 32112
US

1264 COUNTY RD 309
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

7. Name and Address of New Registered Agent

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

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

SIGNATURE

Hester L Hughes

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME PETERSON, JEROME
STREET ADDRESS PO BOX 75
CITY-ST-ZIP GEORGETOWN FL 32139

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 300018845813
CITY-ST-ZIP 05/13/03--01061--037 **70.00

TITLE S ☐ Delete
NAME BROWN, LYNETTE W
STREET ADDRESS PO BOX 1207
CITY-ST-ZIP WELAKA FL 32193

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P ☐ Delete
NAME DELARM, JACK
STREET ADDRESS PO BOX 606
CITY-ST-ZIP SAN MATEO FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME TOWNSEND, ELDRIDGE
STREET ADDRESS PO BOX 166
CITY-ST-ZIP LAKE COMO FL 32157

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete
NAME KEEVER, GLENN
STREET ADDRESS P OB OX 259
CITY-ST-ZIP GEORGETOWN FL 32139

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ Delete
NAME GLENN, DALE
STREET ADDRESS P O BOX 135
CITY-ST-ZIP GEROGETOWN FL 32139

TITLE ☐ Change ☒ Addition
NAME D mock, Stuart
STREET ADDRESS 151 Silver Pond Rd
CITY-ST-ZIP Crescent City FL 32112

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 *Glenn Keever Treasurer* *4/24/03*