2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am **DOCUMENT # 755012** Secretary of State SAINT ANDREWS SOUTH GOLF CLUB, INC. 02-08-2000 90055 033 ****61 25 Mailing Address Principal Place of Business 1901 DEBORAH DRIVE 1901 DEBORAH DRIVE PUNTA GORDA FL 33950-8137 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2057048 Not Augustan Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DURST, LESTER E. 115 WEST OLYMPIA AVENUE **PUNTA GORDA FL 33950** City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. XX Delete TITLE TITLE Hallman, Theresa SOTOS, PETER NAME NAME STREET ADDRESS STREET ADDRESS 136 Jacana Court 2515 VIA VENTO DRIVE CITY-ST-ZIP CITY-ST-ZIP Punta Gorda, FL 33950 PUNTA GORDA FL 33950 TITLE TD ☐ Delete TITLE STRANG, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 11 OCEAN DRIVE CITY-ST-ZIP City-st-zip PUNTA GORDA FL 33950 -SD - TX Change SD TITLE TITLE Delete Rech, John OSTEEN, JOHN NAME NAME 933 Lucia STREET ADDRESS **821 VIA TUNIS** STREET ADDRESS CITY-ST-ZIP Punta Gorda, FL 33950 CITY-ST-ZIP **PUNTA GORDA FL 33950** _ · · · · · · TX Change XX Delete TITLE TITLE Hock, Charles NAME HALLMAN, THERESA NAME 715 Via Tunis STREET ADDRESS STREET ADDRESS 1361 JACANA COURT CITY-ST-ZIP Punta Gorda, FL 33950 CITY-ST-ZIP **PUNTA GORDA FL 33950** Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 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 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 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

2/1/00 (94) 639-5261 Dayline Phone #