

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90038 044 \*\*\*\*61.25

**DOCUMENT # 755012**

1. Entity Name

**SAINT ANDREWS SOUTH GOLF CLUB, INC.**

Principal Place of Business

Mailing Address

1901 DEBORAH DRIVE  
 PUNTA GORDA FL 33950

1901 DEBORAH DRIVE  
 PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2057048**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURST, LESTER E.**  
**115 WEST OLYMPIA AVENUE**  
**PUNTA GORDA FL 33950**

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.

SIGNATURE

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: PD  
 NAME: HALLMAN, THERESA  Delete  
 STREET ADDRESS: 136 JACANA CT  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE: PD  
 NAME: MEYER, CARL  Change  Addition  
 STREET ADDRESS: 4034 LaCosta Isl. Cir.  
 CITY-ST-ZIP: Punta Gorda FL 33950

TITLE: TD  
 NAME: STRANG, ROBERT  Delete  
 STREET ADDRESS: 11 OCEAN DRIVE  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE: TD  
 NAME: KRAUSE, TOM  Change  Addition  
 STREET ADDRESS: 1802 Los Alamos Dr.  
 CITY-ST-ZIP: Punta Gorda FL 33950

TITLE: SD  
 NAME: RECH, JOHN  Delete  
 STREET ADDRESS: 933 LUCIA  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE: SD  
 NAME: MURPHY, HELEN  Change  Addition  
 STREET ADDRESS: 3617 Bonaire Ct.  
 CITY-ST-ZIP: Punta Gorda, FL 33950

TITLE: VPD  
 NAME: HOCK, CHARLES  Delete  
 STREET ADDRESS: 715 VIA TUNIS  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE: VP  
 NAME: WINFIELD, ARTHUR  Change  Addition  
 STREET ADDRESS: 1605 Via Bianca  
 CITY-ST-ZIP: Punta Gorda, FL 33950

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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*  
**CARL W. MEYER**  
**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01 (941) 639-5261  
 Date Daytime Phone #

CR2E037 (10/00)