

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90008 034 ****61.25

DOCUMENT # 755630

1. Entity Name

SPANISH LAKES COUNTRY CLUB SERVICE CORPORATION,

Principal Place of Business

Mailing Address

8000 SOUTH US 1, STE 402
 PORT ST. LUCIE FL 34952

8000 SOUTH US 1, STE 402
 PORT ST. LUCIE FL 34952-2338

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2169259

Applied For

Not Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NEWMAN, HARVEY
8000 SOUTH US 1, STE 402
PORT ST. LUCIE FL 34952

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FISHER, ALLEN	8000 S US 1 SUITE #402	PORT ST LUCIE, FL 00000	<input type="checkbox"/>
D	BRANDI, JACK	8000 S US 1 STE. 402	PT. ST. LUCIE FL	<input type="checkbox"/>
PD	WYNNE, JOEL F	8000 S US 1 SUITE #402	PORT ST LUCIE, FL 00000	<input type="checkbox"/>
STD	NEWMAN, HARVEY	8000 S US 1 SUITE #402	PORT ST LUCIE, FL 00000	<input type="checkbox"/>
D	CARLSON, MARILYN	8000 S US 1, STE, 402	PT. ST. LUCIE FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joel F. Wynne

01-18-00 (561)878-5513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #