

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1993

01 OCT 17 PM 6:08

DOCUMENT # 756091

1. Corporation Name

RIO PINAR COUNTRY CLUB, INC.

Principal Place of Business

8600 EL PRADO DR.
ORLANDO FL 32825

Mailing Address

8600 EL PRADO DR.
ORLANDO FL 32825



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0835421

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	SMITH, ROSEMARY	8330 CARACAS AVE	ORLANDO FL 32825 SEE COPY
S	CARRUTHERS, WARREN	932 PINTA DR	ORLANDO FL 32825 OF LIST
T	DUMM, PAUL	820 DEERWOOD AVE	ORLANDO FL 32825 ON ORIGINAL
P	LANGSTON, DAN	1523 ENSENADA DRIVE	ORLANDO FL 32825 APPLICATION
D	SPRIES, GEORGE	830 PINAR DR	ORLANDO FL 32825
D	MOORHEAD, TIM	1407 COTSWOLD DR	ORLANDO FL 32825

8. Name and Address of Current Registered Agent

STRZALKO, JAMES
569 LAGOON DR.
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name

ISAAC DAVIES

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

8600 EL PRADO DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Isaac Davies

Date 10.15.01

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

George E. Spries President

Oct. 15, 2001 407-277-5121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 756091

1. Entity Name

RIO PINAR COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

8600 EL PRADO DR.
ORLANDO FL 32825

8600 EL PRADO DR.
ORLANDO FL 32825

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

59-0835421

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

STRZALKO, JAMES
569 LAGOON DR.
OVIEDO FL 32765

Name

ISAAC DAVIS

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

2825 S. WASHINGTON AVE

#571

City

ITTSVILLE

FL

Zip Code

32780

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
FEES \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, ROSEMARY 8330 CARACAS AVE ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARRUTHERS, WARREN 932 PINTA DR ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUMM, PAUL 820 DEERWOOD AVE ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGSTON, DAN 1523 ENSENADA DRIVE ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPRIES, GEORGE 830 PINAR DR ORLANDO FL 32825	<input type="checkbox"/> Delete CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORHEAD, TIM 1407 COTSWOLD DR ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACK WEZSS 1807 MORGAN'S MILL ROAD ORLANDO, FL. 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VINCE AMICO 831 LONGHAVEN DRIVE MAITLAND, FL. 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN BUMGARDNER 8608 CARACAS AVENUE ORLANDO, FL. 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRAD HENRICH 623 PINAR DRIVE ORLANDO, FL. 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDY GREGORY 1443 S. CHICKASAW TRAIL ORLANDO, FL. 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES KOVALESKI 4120 GABRIELLA LANE WINTER PARK, FL. 32792	<input type="checkbox"/> Change <input checked="" 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

SIGNATURE REQUIRED

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October 15, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314-6327

To Whom It May Concern:-

We recently received notification that our corporation has been administratively dissolved or revoked effective September 12, 2001. We sent in our 2001 Uniform Business Report and payment on June 29, 2001. Our bank records indicate that the check was cashed in July. After receiving notice that our corporation was administratively dissolved, I called someone at (850) 245-6059 and was told that we were sent a notice that our report was incomplete. We never received this notice. I was also told that all that we had to do to be reinstated was re-submit the report with all the correct information and write a letter stating we did not receive notification that our original report was incomplete.

If you need any further information to correct this problem, please contact me at (407) 277-5121.

Sincerely,


Raymond P. Frazee
Controller