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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 756739

1. Corporation Name

GAINESVILLE GOLF & COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
7300 SW 35TH WAY GAINESVILLE FL 32608	7300 SW 35TH WAY GAINESVILLE FL 32608

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 03/10/1981

4. FEI Number: 59-0258500 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JONES, RICHARD T.
912 N.E. 2ND STREET
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	PEARSON, CARROLL		1.2 NAME	BEECHLER, CHRIS	
STREET ADDRESS	11130 NW 80 TERR		1.3 STREET ADDRESS	3754 S.W. 56 RD	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	GAINESVILLE, FLA 32608	
TITLE	VD	☐ DELETE	2.1 TITLE	V.D.	☒ Change ☐ Addition
NAME	KENDZIOR, RICHARD		2.2 NAME	IVES, JOHN	
STREET ADDRESS	1422 NW 110 TERRACE		2.3 STREET ADDRESS	5723 S.W. 36 WAY	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	GAINESVILLE, FLA 32608	
TITLE	SD	☐ DELETE	3.1 TITLE	T.D.	☒ Change ☐ Addition
NAME	MCCLAVE, MARY JAY		3.2 NAME	FLOYD MIKE	
STREET ADDRESS	6120 SW 37TH WAY		3.3 STREET ADDRESS	3546 N.W. 16 BLVD	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	GAINESVILLE, FLA 32605	
TITLE	TD	☐ DELETE	4.1 TITLE	S.D.	☐ Change ☒ Addition
NAME	BEECHLER, CHRIS		4.2 NAME	CANTLON, JOHN	
STREET ADDRESS	3754 SW 56TH RD		4.3 STREET ADDRESS	3774 S.W. 56 RD	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	GAINESVILLE, FLA 32608	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOHN CANTLON 2/20/99 352-336-8630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)