NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-08-2003 90091 019 ***61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756739

1. Entity Name

GAINESVILLE GOLF & COUNTRY CLUB INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7300 SW 35 Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL 32608	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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

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

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7. Name and Address of Current Registered Agent

Name: RICHARD T. JONES

Street Address (P.O. Box Number is Not Acceptable): STE 500 408 W. UNIVERSITY

City: GAINESVILLE, FL 32601 — 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	
NAME	JOHN G. GALM P
STREET ADDRESS	5711 SW 36 WAY
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	VP
NAME	MRS. MABEL FARROW
STREET ADDRESS	3517 SW 92 TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	S
NAME	MRS. LAURALEE CANTLON
STREET ADDRESS	3774 SW 56 ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	T
NAME	DR. HENRY J. TOSI
STREET ADDRESS	5902 S.W. 56 ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4/14/15

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lauralee J Cantlon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
90077082
#756739

CONTINUATION:

D
RICHARD SCARBOROUGH
3122 NW 57TH TERRACE-GAINESVILLE, FL 32606

D
MALCOLM KING
2936 NW 9TH PLACE-GAINESVILLE, FL 32605

D
JAMES MULHOLLAND
1115 SW 81ST STREET-GAINESVILLE, FL 32607

D
DALE SMITH
6904 SW 35TH WAY=GAINESVILLE, FL 32608

D
FRANKLIN LENTZ, JR.
9322 SW 41ST LANE-GAINESVILLE, FL 32608

ANY OTHERS LISTED WITH YOU SHOULD BE DELETED. THANK YOU.