

1/20/01-

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-20-2001 90025 021 ****70.00

DOCUMENT # 769470

1. Entity Name

DELTONA HILLS GOLF AND COUNTRY CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1120 ELKCAM BLVD. DELTONA FL 32725		Mailing Address 1120 ELKCAM BLVD. DELTONA FL 32725	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2311338		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZIELINSKI, THOMAS J
538 EVERETT STREET
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name
McLOUGHLIN, DON
 Street Address (P.O. Box Number is Not Acceptable)
2429 DELBARTON AVENUE
 City **DELTONA** FL Zip Code **32725**

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

Don McLoughlin
 Signature, typed or printed name of registered agent and title if applicable.
Don McLoughlin

PRESIDENT

DATE

1/10/01

FILE NOW:
FEES 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	P ZIELINSKI, THOMAS J 538 EVERETT STREET DELTONA FL 32725	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McLOUGHLIN, DON 2429 DELBARTON AVENUE DELTONA FL 32725	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUGLIEMO, FLAVIUS 750 OAK TERRACE ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONGER, JOSEPH 2081 DEBORAH TERRACE DELTONA FL 32725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McLoughlin, Don 2429 Delbarton Avenue Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cuthbertson, Alan 1333 Merrifield Ct. Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Swenson, Alan 1245 Coronado Terrace Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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, without other like empowered.

SIGNATURE:

Don McLoughlin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DON McLOUGHLIN, PRESIDENT

Date

Daytime Phone #

1/10/01**(904) 789-3911**

CR2E037 (10/00)