

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769470

1. Entity Name

DELTONA HILLS GOLF AND COUNTRY CLUB, INC.

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90009 006 *****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1120 ELKCAM BLVD. DELTONA FL 32725	Mailing Address 1120 ELKCAM BLVD. DELTONA FL 32725
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2311338	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent MCLOUGHLIN, DON 2429 DELBARTON AVENUE DELTONA FL 32725	7. Name and Address of New Registered Agent Name LEINS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1270 CORONADO TERRACE City DELTONA FL Zip Code 32725
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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 Robert Leins ROBERT LEINS, PRESIDENT 1-16-02
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLOUGHLIN, DON 2429 DELBARTON AVENUE DELTONA FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEINS, ROBERT 1270 CORONADO TERRACE DELTONA, FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUTHBERTSON, ALAN 1333 MERRIFIELD COURT DELTONA FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWENSON, ALAN 1245 CORONADO TERRACE DELTONA, FL 32725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDD SWENSON, ALAN 1245 CORONADO TERR DELTONA FL 32725 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDD POUNDS, JOHN 2931 NORVELL COURT DELTONA, FL 32738 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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, with all other like empowered.

SIGNATURE: Robert Leins ROBERT LEINS, PRESIDENT 386 789 3911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)