

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000001485**

1. Entity Name

SUN CITY CENTER GOLF PROPERTIES, INC.**FILED**
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90040 001 *1,050.00

Principal Place of Business

Mailing Address

**24301 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134****24301 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134-4920**

I 300089



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3439449

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HASTINGS, VIVIEN
24301 WALDEN CENTER DR.
BONITA SPRINGS FL 34134**

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
HOFFMAN, ALFRED JR.
2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33571-5698** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
Hoffman, Alfred Jr.
24301 Walden Center Drive
Bonita Springs, FL 34134** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
ACKERMAN, DON E
2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33571-5698** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Ackerman, Don E.
24301 Walden Center Drive
Bonita Springs, FL 34134** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PETER, E. LESLIE
2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33571-5698** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
Dietz, James
24301 Walden Center Drive
Bonita Springs, FL 34134** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FROSELL, KIM
2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33571-5698** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Hastings, Vivien
24301 Walden Center Drive
Bonita Springs, FL 34134** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
STARKEY, JERRY L
2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33571-5698** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Starkey, Jerry L.
24301 Walden Center Drive
Bonita Springs, FL 34134** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
FLINN, MILTON G
2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33571-5698** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Flinn, Milton G.
24301 Walden Center Drive
Bonita Springs, FL 34134** ☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Vivien Hastings, Secretary**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 (941) 947-2600

Date

Daytime Phone #

CR2E034 (9/99)