

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 AM 11:47

DOCUMENT # **F98000001296**

1. Corporation Name

BULL RUN COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

929 E. 23RD
INDIANAPOLIS IN 46205

929 E. 23RD
INDIANAPOLIS IN 46205



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

35-2034283

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	GAVIGAN, PATRICK	2106 PACIFIC ROAD	KISSIMMEE FL 34759
DV	RAMEY, STEVE	167 E. STOP 13 ROAD	INDIANAPOLIS IN 46227
TSD	SMITHEY, JAY D	7244 TRAVIS ROAD	GREENWOOD IN 46143
D	CROMLICH, TED W	1201 CARSON WAY #242	GREENWOOD IN 46142
D	UEBELHOR, ROBERT N	7920 RAHKE ROAD	INDIANAPOLIS IN 46217
S00003523775--4 -01/04/01--01095--020 *****750.00 *****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAVIGAN, PATRICK
2106 PACIFIC ROAD
KISSIMMEE FL 34759

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

Nov 16, 2000

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AD

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #