

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90005 008 ***150.00

DOCUMENT # G47804

1. Entity Name

DELAND COUNTRY CLUB, INC.

Principal Place of Business

**2289 COUNTRY CLUB DR
DELAND FL 32724
US**

Mailing Address

**2289 COUNTRY CLUB DRIVE
DELAND FL 32724
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2872802**

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

**BARRETT, ANDREW
401 SECLUDED OAKS TRAIL
DELAND FL 32724**

Name **ACREE, WALTER M.**
Street Address (P.O. Box Number is Not Acceptable)
1025 N. WOODLAND BLVD.

City **DELAND** FL Zip Code **32724**

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 **2/09/01**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. 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	P	<input type="checkbox"/> Delete
NAME	ACREE, WILLIAM	
STREET ADDRESS	P O BOX 166	
CITY-ST-ZIP	DELAND FL 32721	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALEXANDER, BILL	
STREET ADDRESS	P O BOX 346	
CITY-ST-ZIP	DELAND FL 32721	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSTERMANN, JOSEPH JR.	
STREET ADDRESS	685 SWARTHMORE RD	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MANKART, GEORGE	
STREET ADDRESS	1525 COVERED BRIDGE DR	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLIFTON, GEORGE	
STREET ADDRESS	4185 ST RD 11	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCNULLA, JAMES	
STREET ADDRESS	811 TORCHWOOD DR	
CITY-ST-ZIP	DELAND FL 32724	

TITLE	P&D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACREE, WALTER M.	
STREET ADDRESS	1025 N. WOODLAND BLVD.	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	V.P.&D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, WILLIAM	
STREET ADDRESS	646 C. W. PLYMOUTH AVE.	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	T&D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENNON, ROBIN	
STREET ADDRESS	1056 REYNOLDS RD.	
CITY-ST-ZIP	DELEON SPRINGS, FL 32130	
TITLE	S&D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNULLA, JAMES	
STREET ADDRESS	983 TORCHWOOD DR.	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOUNT, CLAYTON	
STREET ADDRESS	420 N. CLARA AVE.	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JR., RILEY E.	
STREET ADDRESS	1455 N. SPRING GARDEN AVE.	
CITY-ST-ZIP	DELAND, FL 32720	

13. 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 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.

SEE SCHEDULE ATTACHED

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/09/01**

Daytime Phone #

CR2E034 (10/00)

~~297000104858~~
647804
623993

DELAND COUNTRY CLUB, INC.
FEI 59-0972032
ATTACHMENT
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DOCUMENT #G47804

SCHEDULE OF OFFICERS AND DIRECTORS

Addition

Director	Kay Duff 204 South Stone Street DeLand, Florida 32724
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