

2002 UNIFORM BUSINESS REPORT-(UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0074499 AV

DOCUMENT # G47804

1. Entity Name

DELAND COUNTRY CLUB, INC.

02-11-2002 90202 002 ***150.00

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

~~ACREE, WALTER M.
 1025 N WOODLAND BLVD.
 DELAND FL 32724~~

**ACREE, WALTER M.
 915 Pine Tree Terrace
 DeLand, FL 32724**

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **ACREE, WILLIAM**
 CITY-ST-ZIP **1025 N. WOODLAND BLVD.
 DELAND FL 32724**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **ACREE, WALTER M.**
 CITY-ST-ZIP **915 Pine Tree Terrace
 DeLand, FL 32724**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **ALEXANDER, WILLIAM**
 CITY-ST-ZIP **646 C. W. PLYMOUTH AVENUE
 DELAND FL 32720**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LENNON, ROBIN**
 CITY-ST-ZIP **1056 REYNOLDS RD.
 DE LEON SPRINGS FL 32130**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **LENNON, ROBIN**
 CITY-ST-ZIP **1056 Reynolds Rd.
 DeLeon Springs, FL 32130**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MC NULLA, JAMES**
 CITY-ST-ZIP **983 TORCHWOOD DR.
 DELAND FL 32724**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **MCNULLA, JAMES**
 CITY-ST-ZIP **983 Torchwood Dr.
 DeLand, FL 32724**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BLOUNT, CLAYTON**
 CITY-ST-ZIP **420 N. CLARA AVE.
 DELAND FL 32720**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **DAVIS, RILEY E**
 CITY-ST-ZIP **1455 N. SPRING GARDEN AVE.
 DELAND FL 32720**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **R GARDNER GOULD**
 CITY-ST-ZIP **1636 Red Mangrove Dr.
 DeLand, FL 32724**

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.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (9/01)