

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H15528

1. Entity Name

ON TOP OF THE WORLD, GOLF CLUB, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90521 049 ***150.00

A0033202

DO NOT WRITE IN THIS SPACE


Principal Place of Business 5758 54th Ave. North St. Petersburg, FL 33709	Mailing Address 8700 S.W. 99th St. Ocala, FL 34481
---------------------------------------------------------------------------------	----------------------------------------------------------

2. Principal Place of Business 8447 S.W. 99th Street Road Suite, Apt. #, etc.	3. Mailing Address 8447 S.W. 99th Street Road Suite, Apt. #, etc.
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------

City & State Ocala, FL	City & State Ocala, FL	4. FEI Number 59-2447159	Applied For <input type="checkbox"/> Not Applicable
Zip 34481	Country USA	Zip 34481	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Gerald R. Colen 5362 Central Ave. St. Petersburg, FL 33707	7. Name and Address of New Registered Agent Name Gerald R. Colen, Esq. Street Address (P.O. Box Number is Not Acceptable) DeVito & Colen 7243 Bryan Dairy Road City Largo FL Zip Code 33777
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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  Gerald R. Colen 3-2-01
(NOTE: Registered Agent signature required when reinstating)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 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	D Sidney Colen 5758 54th Ave. North St. Petersburg, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sidney Colen 2291 World Parkway Blvd. West Clearwater, FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Kenneth D. Colen 5758 54th Ave. North St. Petersburg, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Kenneth D. Colen 8447 S.W. 99th Street Road Ocala, FL 34481 <input checked="" 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
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

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:  Sidney Colen 03/02/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)