

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-29-2001 90164 035 ***150.00

DOCUMENT # H24567

1. Entity Name

OAK HILLS GOLF AND COUNTRY CLUB INC.

Principal Place of Business

10069 N. CLIFF BLVD.
 SPRING HILL FL 34608

Mailing Address

2550 N. LOOP WEST
 SUITE 400
 HOUSTON TX 77092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2450052**

Applied For
 Not Applicable

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

KETTLE, JOHN
5284 ISLE WORTH COUNTRY CLUB DR
WINDEMERE FL 34786

Name **MARIA FLOYD**

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

231 ROYAL PALM WAY, STE 100
PALM BEACH, FL 33480

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 *Randall Kettle*

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

(NOTE: Registered Agent signature required when reinstating)

2-21-2001

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

10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be**
PLEASE SIGN

11. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KETTLE, JOHN	
STREET ADDRESS	5284 ISLEWORTH COUNTRY CLUB DR	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOYD, RAYMOND	
STREET ADDRESS	231 ROYAL PALM WAY STE 100	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLOYD, MARIA	
STREET ADDRESS	231 ROYAL PALM WAY STE 100	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Addition
NAME	RANDALL Kettle	
STREET ADDRESS	5284 5284 Isleworth CC Dr	
CITY-ST-ZIP	Winemere, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Randall Kettle (RANDALL Kettle)

Jan 17, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)