

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # H38457

1. Entity Name
COUNTRY CLUB REALTY GROUP, INC.

Principal Place of Business
 2600 GOLDEN GATE PARKWAY, SUITE #200
 NAPLES FL 34105 US

Mailing Address
 P.O. BOX 413038
 NAPLES FL 34101 US

2. Principal Place of Business
 2600 GOLDEN GATE PARKWAY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 NAPLES FL

City & State

4. FEI Number
59-2504182
 Applied For Not Applicable

Zip Country
 34105 US

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARINELLI PAUL J.
 2600 GOLDEN GATE PARKWAY
 STE 200
 NAPLES FL 34105 US

7. Name and Address of New Registered Agent
 Name
MARINELLI PAUL J.
 Street Address (P.O. Box Number is Not Acceptable)
 2600 GOLDEN GATE PARKWAY
 City
 NAPLES FL Zip Code
 34105

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 _____ **04/30/2001**
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, 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			
TITLE	D	<input type="checkbox"/> Delete	
NAME	SPROUL JULIET C		
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 200		
CITY-ST-ZIP	NAPLES FL 34105		
TITLE	P	<input type="checkbox"/> Delete	
NAME	MARINELLI PAUL J		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL		
TITLE	V	<input type="checkbox"/> Delete	
NAME	HARRIS NORMAN		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL		
TITLE	D	<input type="checkbox"/> Delete	
NAME	COLLIER BARRON III		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL		
TITLE	ST	<input type="checkbox"/> Delete	
NAME	BOAZ BRADLEY A.		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY, STE 200		
CITY-ST-ZIP	NAPLES FL		
TITLE	CD	<input type="checkbox"/> Delete	
NAME	GABLE LAMAR		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPROUL JULIET C		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARINELLI PAUL J		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS NORMAN		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLIER BARRON III		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOAZ BRADLEY A.		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GABLE LAMAR		
STREET ADDRESS	2600 GOLDEN GATE PARKWAY		
CITY-ST-ZIP	NAPLES FL 34105		

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: PAUL J. MARINELLI P 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)