

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H62239

1. Entity Name

KISSIMMEE GOLF CLUB, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90087 024 ***150.00

Principal Place of Business

Mailing Address

3103 FLORIDA COACH DRIVE
KISSIMMEE FL 34741
US

200 E. MONUMENT AVE.
STE.A
KISSIMMEE FL 34741-5737
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2560388

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

WEST, GERALDINE
200 MONUMENT AVENUE SUTE A
WATERFRONT SQUARE
KISSIMMEE FL 34741

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, 2000 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 PD ☐ Delete
NAME CREIGHTON, DAVID T.
STREET ADDRESS 16113 E. COURSE DRIVE
CITY-ST-ZIP TAMPA FL

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

TITLE STD ☐ Delete
NAME BOWES, GEORGE S.
STREET ADDRESS 503 BUSH DRIVE
CITY-ST-ZIP ANCASTER ON

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

TITLE DV ☐ Delete
NAME YETMAN, MALCOLM G.
STREET ADDRESS 637 OAKWOOD AVE.
CITY-ST-ZIP NORTH BAY, ONTARIO

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

TITLE V ☐ Delete
NAME BOWES, LORRAINE E.
STREET ADDRESS 503 BUSH DRIVE
CITY-ST-ZIP ANCASTER ON

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

TITLE V ☐ Delete
NAME YETMAN, DONNA M.
STREET ADDRESS 637 OAKWOOD AVENUE
CITY-ST-ZIP NORTH BAY ON

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: G.S. BOWES SEC/TREAS GSBowers March 10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)