

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90053 023 ***150.00

DOCUMENT # J13360

1. Entity Name

SCHALAMAR CREEK GOLF CLUB, INC.

Principal Place of Business

4500 HIGHWAY 92 EAST
STE #1028
LAKELAND FL 33801

Mailing Address

4500 HIGHWAY 92 EAST
Box #1028
LAKELAND FL 33801

2. Principal Place of Business

4500 Hwy 92E
Suite, Apt. #, etc.
#1028

3. Mailing Address

4500 Hwy 92E
Suite, Apt. #, etc.
#1028

City & State

Lakeland, FL

City & State

Lakeland FL

Zip

33801

Country

USA

Zip

33801

Country

USA

6. Name and Address of Current Registered Agent

KNAPP, RANDALL L.
4500 HIGHWAY 92 EAST
LAKELAND FL 33801

7. Name and Address of New Registered Agent

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

2-12-01

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 VP
NAME KNAPP, MERLYN V.
STREET ADDRESS 2020 ARIANA BLVD.
CITY-ST-ZIP AUBURNDAL FL ☐ Delete

TITLE PD
NAME KNAPP, DONALD O.
STREET ADDRESS 4500 HIGHWAY 92 EAST
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE ST
NAME KNAPP, RANDALL L.
STREET ADDRESS 4500 HWY. 92 E.
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-01 863-665-0185

CR2E034 (10/00)