

DOCUMENT # J96218
1. Entity Name
GLEN ABBEY GOLF CLUB, INC.

Principal Place of Business
391 NORTH PINE MEADOW DRIVE
DEBARY FL 32713

Mailing Address
391 NORTH PINE MEADOW DRIVE
DEBARY FL 32713

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
69 Putters Lane
Suite, Apt. #, etc.

City & State
DeBary, FL

Zip
32713-2317

Country
Volusia

FILED
Jan 08, 2001 8:00 am
Secretary of State
01-08-2001 90028 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2850435
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PAUL, HARLAN L.
431 EAST NEW YORK AVENUE
DELAND FL 32724

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MCCONNELL, ALEXANDER H. 391 N. PINE MEADOW DRIVE DEBARY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 69 Putters Lane DeBary FL 32713-2317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCCONNELL, CAROLINE S. 391 N. PINE MEADOW DRIVE DEBARY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 69 Putters Lane DeBary FL 32713-2317
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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: Alexander H. McConnell Date: 12/31/00 Daytime Phone #: 407-668-1052
ALEXANDER H. MCCONNELL as president

CR2E034 (10/00)