

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90100 028 ***150.00

DOCUMENT # K37792

1. Entity Name

SUNDANCE GOLF CORPORATION

Principal Place of Business

Mailing Address

**9424 HWY 301
 DADE CITY FL 33525**

**9424 HWY 301
 DADE CITY FL 33525**

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 **59-2912937**

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

**RINALDO, WILLIAM C
 9926 WALLASTON LANE
 DADE CITY FL 33525**

Name **Rinaldo, William C.**

Street Address (P.O. Box Number is Not Acceptable)
9424 US 301

City **Dade City, FL** Zip Code **33525**

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 **William C Rinaldo**
 Signature, typed or printed name of registered agent and title if applicable.

William C Rinaldo
 (NOTE: Registered Agent signature required when reinstating)

3/16/00
 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	PT	<input type="checkbox"/> Delete
NAME	RINALDO, WILLIAM C.	
STREET ADDRESS	9926 WALLASTON LANE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	RINALDO, CLAUDIA J.	
STREET ADDRESS	9926 WALLASTON LANE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9424 US 301	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9424 US 301	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

William C Rinaldo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00
 Date

(352) 567-7600
 Daytime Phone #

CR2E034 (9/99)