

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K65985

1. Entity Name

DIAMONDBACK GOLF CLUB, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90082 049 \*\*\*150.00

Principal Place of Business

Mailing Address

6501 SR 544E  
 HAINES CITY FL 33844  
 US

6501 SR 544E  
 HAINES CITY FL 33844  
 US

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

59-2942732

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

SCOTT, ROBERT  
 123 FAIRWAY DR  
 HAINES CITY FL 33844

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 SCOTT, ROBERT  
 STREET ADDRESS 123 FAIRWAY DR  
 CITY-ST-ZIP HAINES CITY FL

TITLE VD ☐ Change ☒ Addition  
 NAME LHL, BERNARD  
 STREET ADDRESS 117 FAIRWAY DR  
 CITY-ST-ZIP HAINES CITY, FL 33844

TITLE STD ☐ Delete  
 NAME OSBORNE, W B  
 STREET ADDRESS 110 FAIRWAY DR  
 CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ Change ☒ Addition  
 NAME OLSON, Robert  
 STREET ADDRESS 41 HUNTLEY COURT  
 CITY-ST-ZIP HAINES CITY, FL 33844

TITLE VD ☒ Delete  
 NAME DEHAVEN, ROBERT  
 STREET ADDRESS 23 HUNTLEY COURT  
 CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ Change ☒ Addition  
 NAME R.S. Futch  
 STREET ADDRESS 1238 S.E. 5th Street  
 CITY-ST-ZIP Ocala, FL 34471

TITLE D ☒ Delete  
 NAME DAVID, JOHN  
 STREET ADDRESS 105 TUXFORD DR.  
 CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ Change ☒ Addition  
 NAME Bill Johnston  
 STREET ADDRESS 8 Coventry Drive  
 CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D ☐ Delete  
 NAME DUNIGAN, JOSEPH  
 STREET ADDRESS 214 FAIRWAY DR.  
 CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ Change ☒ Addition  
 NAME Robert McClelland  
 STREET ADDRESS 1244 St.  
 CITY-ST-ZIP HAINES CITY, FL 33844

TITLE D ☐ Delete  
 NAME CORNS, HENRY  
 STREET ADDRESS 178 PINEHURST WAY  
 CITY-ST-ZIP BOWLING GREEN KY 42103

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 #

4-24-DD 863 421-0437