

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90138 028 ***550.00

DOCUMENT # K65985

1. Entity Name
DIAMONDBACK GOLF CLUB, INC.

Principal Place of Business

**6501 SR 544E
 HAINES CITY FL 33844
 US**

Mailing Address

**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

4. FEI Number **59-2942732**

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

**SCOTT, ROBERT
 123 FAIRWAY DR
 HAINES CITY FL 33844**

Name

UHL, BERNARD

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

117 FAIRWAY DRIVE

City

HAINES CITY

FL

Zip Code

33844

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BERNARD UHL PRESIDENT**

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **PD SCOTT, ROBERT**
 STREET ADDRESS **107 ARROWHEAD LANE**
 CITY-ST-ZIP **HAINES CITY FL**

TITLE ☒ Change ☐ Addition
 NAME **D SCOTT, ROBERT**
 STREET ADDRESS **107 ARROWHEAD LANE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE ☒ Change ☐ Addition
 NAME **T D OSBORNE, W B**
 STREET ADDRESS **110 FAIRWAY DR**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
 NAME **VD UHL, BERNARD**
 STREET ADDRESS **117 FAIRWAY DRIVE**
 CITY-ST-ZIP **HAINES CITY FL**

TITLE ☒ Change ☐ Addition
 NAME **PD UHL, BERNARD**
 STREET ADDRESS **117 FAIRWAY DRIVE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
 NAME **D OLSON, ROBERT**
 STREET ADDRESS **105 TUXFORD DR.**
 CITY-ST-ZIP **HAINES CITY FL**

TITLE ☒ Change ☐ Addition
 NAME **SD OLSON, ROBERT**
 STREET ADDRESS **105 TUXFORD DR**
 CITY-ST-ZIP **HAINES CITY FL 33844**

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **VD 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: **Bernard Uhl**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-421-0437

CR2E034 (4/02)