

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90117 015 ***150.00

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

Zip

Country

Zip

Country

4. FEI Number **59-2942732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**UHL, BERNARD
117 FAIRWAY DRIVE
HAINES CITY FL 33844**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE **TD** ☐ Delete
NAME **OSBORNE, W B**
STREET ADDRESS **110 FAIRWAY DR**
CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE **SD** ☒ Delete
NAME **OLSON, ROBERT**
STREET ADDRESS **105 TUXFORD DR.**
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 **VD** ☐ Delete
NAME **CORNS, HENRY**
STREET ADDRESS **178 PINEHURST WAY**
CITY-ST-ZIP **BOWLING GREEN KY 42103**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **MITCHELL, GEORGE**
STREET ADDRESS **17 ABBEY COURT**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **D** ☐ Change ☒ Addition
NAME **MILLIS, RICHARD**
STREET ADDRESS **5 HUNTLEY COURT**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **D** ☐ Change ☒ Addition
NAME **GRADY, KEITH**
STREET ADDRESS **106 ARROWHEAD LANE**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **D** ☐ Change ☒ Addition
NAME **R. S. FUTCH**
STREET ADDRESS **1751 CLATTERBRIDGE ROAD**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **D** ☐ Change ☒ Addition
NAME **MC CLELLAND, ROBERT**
STREET ADDRESS **12 LEFE COURT**
CITY-ST-ZIP **HAINES CITY, FL 33844**

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

12. 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 10 or Block 11 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

Feb 26, 03 863-421-0437

Date

Daytime Phone #

CR2E034 (10/02)