

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K66302

1. Entity Name

OKEECHOBEE CHAMPIONSHIP GOLF, INC.

Principal Place of Business

2100 EMERALD DUNES DRIVE  
WEST PALM BEACH FL 33411

Mailing Address

2100 EMERALD DUNES DRIVE  
WEST PALM BEACH FL 33411-2707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHERRY, RICHARD G.  
1665 PALM BEACH LAKES BLVD.  
SUITE 600  
WEST PALM BEACH FL 33401

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 ☐ Delete  
NAME DC  
STREET ADDRESS FINCH, RAYMON R., JR.  
CITY-ST-ZIP 2100 EMERALD DUNES DR.  
W PALM BCH. FL

TITLE ☐ Change ☒ Addition  
NAME DAVE ADAMS  
STREET ADDRESS 109 S. MAIN ST  
CITY-ST-ZIP HENDERSONVILLE NC

TITLE ☐ Delete  
NAME DPT  
STREET ADDRESS FINCH, RAYMON R., III  
CITY-ST-ZIP 2100 EMERALD DUNES DR.  
W PALM BCH. FL

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS FINCH, RAYMON R., III  
CITY-ST-ZIP 2100 EMERALD DUNES DR.  
W PALM BCH. FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FAZIO, TOM  
CITY-ST-ZIP 109 S MAIN ST  
HENDERSONVILLE NC

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90149 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0115196** ☐ Applied For  
☐ Not Applicable

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

CR2E034 (9/99)