

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90360 028 \*\*\*150.00

**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**

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  
**65-0115196**

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

7. Name and Address of New Registered Agent

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

Name **RICHARD G. CHERRY**  
Street Address (P.O. Box Number is Not Acceptable)  
**4400 PGA BLVD, SUITE 900**  
City **PALM BEACH GARDENS FL** Zip Code **33410**

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

**1/8/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **Director** ☐ Change ☒ Addition  
NAME **WARREN RODDA**  
STREET ADDRESS **6410 POPLAR AVE. STE 395**  
CITY-ST-ZIP **MEMPHIS, TN 38119**

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

TITLE **VICE PRESIDENT / DIRECTOR** ☒ Change ☐ Addition  
NAME **RAYMON R. FINCH III**  
STREET ADDRESS **2100 EMERALD DUNES DR.**  
CITY-ST-ZIP **W. PALM BEACH, FL 33411**

TITLE **D** ☒ Delete  
NAME **FINCH, RAYMON R., III**  
STREET ADDRESS **2100 EMERALD DUNES DR.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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

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

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

TITLE **D** ☒ Delete  
NAME **BLOW, ROBERT**  
STREET ADDRESS **6410 POPLAR AVENUE, SUITE 395**  
CITY-ST-ZIP **MEMPHIS TN 38119**

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

TITLE **PD** ☐ Delete  
NAME **WELLING, BEAU**  
STREET ADDRESS **109 S. MAIN STREET**  
CITY-ST-ZIP **HENDERSONVILLE NC**

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

Date

Daytime Phone #

**1/8/03 561-687-1700**

CR2E034 (10/02)