

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90009 037 ***150.00

DOCUMENT # L03902

1. Entity Name
MARSH CREEK COUNTRY CLUB REALTY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
88 MARSHSIDE DR. **88 MARSHSIDE DR.**
ST. AUGUSTINE FL 32084 **ST. AUGUSTINE FL 32084**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2963015** Applied For
 Not Applicable

Zip **32080** Country Zip **32080** Country 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARBOUR, GREGORY J.
88 MARSHSIDE DR.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **32080**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	O'STEEN, ROGER M.	
STREET ADDRESS	88 MARSHSIDE DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARBOUR, GREGORY J.	
STREET ADDRESS	88 MARSHSIDE DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RANDALL, JULIE	
STREET ADDRESS	88 MARSHSIDE DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EDWARDS, TANYA P	
STREET ADDRESS	88 MARSHSIDE DR.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Julie Randall*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01 **904-471-4343**
 Date Daytime Phone #

CR2E034 (10/00)