

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90634 005 ***150.00

DOCUMENT # L35003

1. Entity Name
LOST LAKE GOLF CLUB, INC.



Principal Place of Business
**7250 SOUTH FEDERAL HIGHWAY
HOBE SOUND FL 33455**

Mailing Address
**7250 SOUTH FEDERAL HIGHWAY
HOBE SOUND FL 33455**



2. Principal Place of Business

8340 SE Fazio Drive

3. Mailing Address

8340 SE Fazio Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0323120**

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

**BOBO, GERALD W
8089 S.E. COUNTRY EAST WAY
JUPITER FL 33458**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOBO, GERALD W 7250 SE FEDERAL HWY HOBE SOUND FL 33455	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, ROBERT B 7250 SE FEDERAL HWY HOBE SOUND FL 33455	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KENNY, THOMAS G III 7250 SE FEDERAL HWY HOBE SOUND FL 33455	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8340 SE Fazio Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8340 SE Fazio Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 8340 SE Fazio Drive
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.18.03 772-220-9717
Date Daytime Phone #

CR2E034 (10/02)