

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90071 014 ***150.00

0417050

DOCUMENT # L71678

1. Entity Name

SORRENTO VALLEY GOLF, INC.

Principal Place of Business

% ROBIN L. MCCOY
 1995 CALUSA LAKES BLVD.
 NOKOMISA FL 34275

Mailing Address

% ROBIN L. MCCOY
 1995 CALUSA LAKES BLVD.
 NOKOMISA FL 34275

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

59-3026339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCOY, ROBIN L
2045 TIMUCUA TR.
NOKOMIS FL 34275

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	RICH, THOMAS A	
STREET ADDRESS	1348 CLUBVIEW CT	
CITY-ST-ZIP	VENICE FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MCCOY, ROBIN L	
STREET ADDRESS	2045 TIMUCUA TR.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATUSZAK, WALTER	
STREET ADDRESS	1415 COLONY PLACE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BOBBETT, RONALD M	
STREET ADDRESS	1661 NEW SENECA TURNPIKE	
CITY-ST-ZIP	SKANEATELES NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	ILER, NORMAN	
STREET ADDRESS	758 VILLAGE CR. #208	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MATUSZAK, DAVID W	
STREET ADDRESS	2702 HEATHER PL.	
CITY-ST-ZIP	SARASOTA FL 34235	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin L. McCoy - ROBIN L. MCCOY

Date

1-25-01

Daytime Phone #

941-484-6621

CR2E034 (10/00)