

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2000 8:00 a**  
**Secretary of State**

02-08-2000 90179 036 \*\*\*158.75

**DOCUMENT # L78123**

1. Entity Name

**ROTONDA GOLF & COUNTRY CLUB CORPORATION**

Principal Place of Business

Mailing Address

4005 CAPE HAZE DR.  
CAPE HAZE FL 33947

4005 CAPE HAZE DR.  
CAPE HAZE FL 33947-2320

REVISED

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0205234**

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75**  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, LARRY B**  
**505 S. FLAGLER DRIVE**  
**SUITE 1100**  
**WEST PALM BEACH FL 33401-3475**

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**  
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME	LITTLESTAR, GARY D	NAME	
STREET ADDRESS	4005 CAPE HAZE DR.	STREET ADDRESS	
CITY-ST-ZIP	CAPE HAZE FL 33947	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 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 #

*[Signature]*  
**REQUIRED**

1/7/00

941-6977