

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08494

1. Entity Name

BURNT STORE COUNTRY CLUB, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90055 021 ****61.25

Principal Place of Business

Mailing Address

301 MADRID BLVD
 PUNTA GORDA FL 33950

301 MADRID BLVD
 PUNTA GORDA FL 33950-7917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2542237

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

CAMPION, WILLIAM
507 MONACO DRIVE
PUNTA GORDA FL 33950

Name: **BOYNTON, ALLAN**
 Street Address (P.O. Box Number is Not Acceptable):
612 MADRID BLVD
 City: **PUNTA GORDA FL 33950**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE: PD NAME: CAMPION, WILLIAM STREET ADDRESS: 507 MONACO DRIVE CITY-ST-ZIP: PUNTA GORDA FL 33950 <input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: BOYNTON, ALLAN STREET ADDRESS: 612 MADRID BLVD CITY-ST-ZIP: PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: BOYNTON, ALLAN STREET ADDRESS: 612 MADRID BLVD. CITY-ST-ZIP: PUNTA GORDA FL 33950 <input type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: PUCKETT, CARL STREET ADDRESS: 3621 S. CRETE DRIVE CITY-ST-ZIP: PUNTA GORDA, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: JOHNSON, HAL STREET ADDRESS: 24283 BALEARIC LANE CITY-ST-ZIP: PUNTA GORDA FL 33955 <input checked="" type="checkbox"/> Delete	TITLE: TREASURER NAME: CARR, RICHARD STREET ADDRESS: 3612 SAN SEBASTION COURT CITY-ST-ZIP: PUNTA GORDA, FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: FERLAND, ROLAND STREET ADDRESS: 626 MADRID BLVD. CITY-ST-ZIP: PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Delete	TITLE: SECRETARY NAME: NADLE, MARIE STREET ADDRESS: 3270 SOUTHSORE 74C CITY-ST-ZIP: PUNTA GUNTA, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CD NAME: VAN HORN, DAVID STREET ADDRESS: 2447 ST. DAVIDS ISLAND COURT CITY-ST-ZIP: PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: FCD NAME: GATES, LELAND STREET ADDRESS: 475 MONACO DRIVE CITY-ST-ZIP: PUNTA GORDA FL 33950 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 #

CR2E037 (9/99)