

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

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

Zip Code

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:
SEE 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPION, WILLIAM	
STREET ADDRESS	507 MONACO DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOYNTON, ALLAN	
STREET ADDRESS	612 MADRID BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, HAL	
STREET ADDRESS	24283 BALEARIC LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERLAND, ROLAND	
STREET ADDRESS	626 MADRID BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	VAN HORN, DAVID	
STREET ADDRESS	2447 ST. DAVIDS ISLAND COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	FCD	<input checked="" type="checkbox"/> Delete
NAME	GATES, LELAND	
STREET ADDRESS	475 MONACO DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYNTON, ALLAN	
STREET ADDRESS	612 MADRID BLVD	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUCKETT, CARL	
STREET ADDRESS	3621 S. CRETE DRIVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, RICHARD	
STREET ADDRESS	3612 SAN SEBASTIAN COURT	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADLE, MARIE	
STREET ADDRESS	3270 SOUTHSORE 74C	
CITY-ST-ZIP	PUNTA GUNTA, FL 33955	
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		

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:

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

Date

Daytime Phone #

CR2E037 (9/99)