

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08716

1. Entity Name

GULF HARBOUR YACHT AND COUNTRY CLUB PROPERTY OWN

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90177 010 ****61.25

Principal Place of Business
15000 MCGREGOR BLVD.
FORT MYERS FL 33908

Mailing Address
% ROBERT E GREENE, FLORIDA LIFESTYLE MGMT.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-5912



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24301 Walden Center Drive

3. Mailing Address
24301 Walden Center Drive

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number
59-2579370

Applied For
Not Applicable

Zip
34134

Country
USA

Zip
34134

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLINN, MILT
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571

7. Name and Address of New Registered Agent

Name
JAMES D. CALLEN

Street Address (P.O. Box Number is Not Acceptable)
24301 WALDEN CENTER DR.

City
BONITA SPRINGS FL

Zip Code
34134

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 James D Callen JAMES D. Callen 4/20/00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAMISON, WENDI	
STREET ADDRESS	11321 COMPASS POINT DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLINN, MILT	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	REKWO, DAVE	
STREET ADDRESS	15000 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JEWELL, PAT	
STREET ADDRESS	14718 OLDE MILL POND COURT	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIPOLL, JOHN	
STREET ADDRESS	15000 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERPER, DIANE	
STREET ADDRESS	15000 MCGREGOR BLVD.	
CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLINN, MILTON	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WYLIE, RAY	
STREET ADDRESS	14766 OLDE MILL POND CT.	
CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANEL, JAMES	
STREET ADDRESS	11461 WELLFLEET DRIVE	
CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FICK, KAREN	
STREET ADDRESS	11924 FAIRWAY LAKES DR. #2	
CITY-ST-ZIP	FT. MYERS, FL 33913	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLUSTER, GENE	
STREET ADDRESS	11471 WELLFLEET DRIVE	
CITY-ST-ZIP	FT. MYERS, FL. 33908	

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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED Milt Flinn 4/19/00 941-947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)