

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90065 028 ****61.25

DOCUMENT # N08716

1. Entity Name

GULF HARBOUR YACHT AND COUNTRY CLUB PROPERTY OWN

Principal Place of Business

**24301 WALDEN CENTER DR.
STE 300
BONITA SPRINGS FL 34134**

Mailing Address

**24301 WALDEN CENTER DR.
STE 300
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2579370

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

**FLINN, MILT
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571**

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

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D			<input checked="" type="checkbox"/>		DP			<input type="checkbox"/>	<input type="checkbox"/>
	JAMISON, WENDI	11321 COMPASS POINT DR	FT MYERS FL 33908			Hayden, Kenneth	24301 Walden Center Dr.	Bonita Springs, FL 34134		
	PD			<input checked="" type="checkbox"/>		DBT			<input type="checkbox"/>	<input type="checkbox"/>
	FLINN, MILT	2020 CLUBHOUSE DRIVE	SUN CITY CENTER FL 33573			Rugh, Donald	24301 Walden Center Dr.	Bonita Springs, FL 34134		
	SD			<input checked="" type="checkbox"/>		D			<input type="checkbox"/>	<input type="checkbox"/>
	REKWO, DAVE	15000 MCGREGOR BLVD	FT MYERS FL 33908			Kerper, Diane	24301 Walden Center Dr.	Bonita Springs, FL 34134		
	TD			<input checked="" type="checkbox"/>		D			<input type="checkbox"/>	<input type="checkbox"/>
	JEWELL, PAT	14718 OLDE MILL POND COURT	FT MYERS FL			Custer, Eugene	24301 Walden Center Dr.	Bonita Springs, FL 34134		
	VD			<input type="checkbox"/>		D			<input type="checkbox"/>	<input type="checkbox"/>
	RIPOLL, JOHN	15000 MCGREGOR BLVD	FT MYERS FL 33908			Shannel, Jim	24301 Walden Center Dr.	Bonita Springs, FL 34134		
				<input type="checkbox"/>		D			<input type="checkbox"/>	<input type="checkbox"/>
						Freeman, Earl	24301 Walden Center Dr.	Bonita Springs, FL 34134		

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 (10/00)