

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11748

1. Entity Name

HAWK'S NEST GOLF CLUB, INC.

Principal Place of Business

6005 OLD DIXIE HIGHWAY
VERO BEACH FL 32967-7528

Mailing Address

6005 OLD DIXIE HIGHWAY
VERO BEACH FL 32967-7528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PHILLIPS, DERWYN
1250 W SOUTHWINDS BLVD #317
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Trainer, Raymond

Street Address (P.O. Box Number is Not Acceptable)

2126 Harbor Lane

City

Vero Beach

FL

Zip Code

32963

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

TITLE SD
NAME TURNER, WILLIAM ☒ Delete
STREET ADDRESS 151 N WHITE JEWEL CT
CITY-ST-ZIP VERO BEACH FL

TITLE TD
NAME TRAINER, RAYMOND ☐ Delete
STREET ADDRESS 2126 HARBOR LN
CITY-ST-ZIP VERO BEACH FL

TITLE VD
NAME PHILLIPS, DERWYN ☒ Delete
STREET ADDRESS 1250 W SOUTHWINDS BLVD #317
CITY-ST-ZIP VERO BEACH FL

TITLE PD
NAME STOWELL, SAMUEL C ☐ Delete
STREET ADDRESS 8789 E ORCHID ISLAND CIRCLE
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
NAME Smith, Philip
STREET ADDRESS 100 LaCosta Court
CITY-ST-ZIP Vero Beach, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Oehme, Dick
STREET ADDRESS 178 Springline Dr.
CITY-ST-ZIP Vero Beach, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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 legal empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

561-234-4752

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90141 010 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0081639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)