

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N13701

FILED
Jul 08, 2003
Secretary of State

Entity Name: ALAQUA COUNTRY CLUB, INC.

Current Principal Place of Business:

3060 PLAYERS POINT
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

3060 PLAYERS POINT
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2655397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNNINGTON, SUE S
3060 PLAYERS POINT
LONGWOOD, FL 32746

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FICHTHORN, LUKE
Address: 2453 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: HENDERSON, JIM
Address: 220 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32115

Title: T () Delete
Name: BURTON, ZEB DR
Address: 2416 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: RATICK, CRAIG
Address: MERRILL LYNCH-3141 PENWA COURT
City-St-Zip: HEATHROW, FL 33779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SMITH, GEORGE
Address: 2333 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE SMITH

VPD

07/08/2003

Electronic Signature of Signing Officer or Director

Date