

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N18221**

1. Entity Name

PELICAN BAY COUNTRY CLUB OF DAYTONA BEACH, INC.**FILED**
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90935 024 ****61.25

Principal Place of Business

Mailing Address

**350 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119****350 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119-1301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2745507

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ABRAHAM, ROBERT
347 S RIDGEWOOD
DAYTONA BEACH FL 32114**

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 **VPD** ☒ Delete
NAME **CROCKER, DAVID L**
STREET ADDRESS **609 PELICAN BAY DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**TITLE **VPD** ☐ Change ☒ Addition
NAME **Harvey, Edward J.**
STREET ADDRESS **905 Pelican Bay Drive**
CITY-ST-ZIP **Daytona Beach, FL. 32119**TITLE **S** ☒ Delete
NAME **SYLVIA, JOSEPH**
STREET ADDRESS **112 IBIS COURT**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**TITLE **S** ☐ Change ☒ Addition
NAME **Money, Kathryn**
STREET ADDRESS **121 Gull Drive South**
CITY-ST-ZIP **Daytona Beach, FL. 32119**TITLE **TD** ☐ Delete
NAME **JONES, GORDON S**
STREET ADDRESS **133 GREENWING TEAL COURT**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**TITLE **D** ☐ Change ☒ Addition
NAME **Cornforth, Robert W.**
STREET ADDRESS **21 Skimmer Circle**
CITY-ST-ZIP **Daytona Beach, FL. 32119**TITLE **D** ☐ Delete
NAME **EHLINGER, PHILIP**
STREET ADDRESS **125 WOOD IBIS COURT**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**TITLE **D** ☐ Change ☒ Addition
NAME **Rooney, Alfred R.**
STREET ADDRESS **805 Sea Duck Drive**
CITY-ST-ZIP **Daytona Beach, FL. 32119**TITLE **D - P** ☐ Delete
NAME **MCCLELLAND, THOMAS M**
STREET ADDRESS **424 PELICAN BAY DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**TITLE **D** ☐ Change ☒ Addition
NAME **McCormick, Lyle**
STREET ADDRESS **424 Pelican Bay Drive**
CITY-ST-ZIP **Daytona Beach, FL. 32119**TITLE **VPD** ☒ Delete
NAME **KELLY, LARRY**
STREET ADDRESS **512 PELICAN BAY DRIVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**TITLE **D** ☐ Change ☒ Addition
NAME **O'Brien, Daniel M.**
STREET ADDRESS **221 Gull Drive South**
CITY-ST-ZIP **Daytona Beach, FL. 32119**

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: *Thomas M. McClelland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

904-756-0034

CR2E037 (9/99)