2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90122 038 ****61.25

DOCUMENT # N19556

1. Entity Name

SANDPIPER GOLF & COUNTRY CLUB PROPERTY OWNER'S A

Principal Place of Business	Mailing Address
5959 SANDPIPPER'S DR LAKELAND FL 33809 US	5959 SANDPIPERS DR LAKELAND FL 33809-7645 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5883 MALLARD DR	5883 MALLARD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State: Lakeland FL
Zip: 33809-7650 Country: US	Zip: 33809-7650 Country: US

4. FEI Number: 59-2847260 ☐ Applied For ☐ Not Applicable

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
HOLLEN, JAMES 6043 CONDOR LAKELAND FL 33809	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	PD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HOLLEN, JAMES R		NAME		
STREET ADDRESS	6043 CONDOR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LOVE, ELIZABETH		NAME		
STREET ADDRESS	6051 CONDOR DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BARAN, EDWARD M		NAME		
STREET ADDRESS	6062 SWALLOW DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	OSBORNE, JAMES P		NAME		
STREET ADDRESS	5717 MALLARD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	HOCKERT, PHIL		NAME		
STREET ADDRESS	6152 SWALLOW DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BANSBACH, GLEN		NAME		
STREET ADDRESS	1053 CARACARA CR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		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)(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: Edward M. Baran Edward M. Baran 1-19-2000 (863) 859-07[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #