2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # N20412** 1. Entity Name THE HEATHER GOLF & COUNTRY CLUB, INC. 04-19-2000 90023 047 ****61.25 Principal Place of Business Mailing Address 7406 ST. ANDREWS BLVD. 7406 ST. ANDREWS BLVD. BROOKSVILLE FL 34613 BROOKSVILLE FL 34613-5104 639454 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2798377 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Lawrence Street Address (P.O. Box Number is Not Acceptable) BALL, EILEEN 7179 GALLOWAY ROAD **BROOKSVILLE FL 34613** Zip Code 34613 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITI F Delete TITLE Hutchinson, Lawrence 7602 St. Andrews Blvd. Brooksville FL 34613 LEWIN, RICHARD NAME NAME STREET ADDRESS 7604 ST. ANDREWS BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** CP Change Addition ☐ Delete TITI F TITLE BALL, EILEEN NAME NAME STREET ADDRESS 7179 GALLOWAY ROAD STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP **BROOKSVILLE FL 34613** ____ Change Addition DT__ TITLE ☐.Delete ____ TITLE WILLIAMSON, RAYMOND NAME NAME STREET ADDRESS STREET ADORESS 3196 WILTSHIRE AVENUE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34608 Addition DS TITLE ☐ Change Delete TITLE Bottomley Ernest NAME HINSON, ELMORE NAME 5143 Wellington Road STREET ADDRESS STREET ADDRESS 8464 DIRLENTON WAY Spring Hill Pa 34609 CITY-ST-7IP CITY-ST-ZIP **BROOKSVILLE FL 34613** TITI F ☐ Delete TITLE Change Addition HARDING, CLAIR NAME NAME STREET ADDRESS 7497 HEATHER WALK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** ☐ Change **X**Addition Delete TITLE TITLE Patricia Hayes NAME HUTCHINSON, MARION 14417 US 19N 井45 STREET ADDRESS 7602 ST. ANDREWS BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** dson FL 34661 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 suppliemental 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:

W/Chinson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #