

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**  
 04-23-2002 90363 009 \*\*\*\*61.25

**DOCUMENT # N20412**

1. Entity Name

**THE HEATHER GOLF & COUNTRY CLUB, INC.**

Principal Place of Business

**7406 ST. ANDREWS BLVD.  
 BROOKSVILLE FL 34613**

Mailing Address

**7406 ST. ANDREWS BLVD.  
 BROOKSVILLE FL 34613**

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

**59-2798377**

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

**BOTTOMLY, ERNEST  
 5143 WELLINGTON ROAD  
 SPRING HILL FL 34609**

Name **WEICHMAN, RICHARD**

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

**7401 GALLOWAY ROAD**

City **BROOKSVILLE**

**FL**

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.

SIGNATURE

*J. Richard Weichman*

*J. Richard Weichman, Pres. 4/5/02*

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 **DVP** ☒ Delete  
 NAME **HUTCHINSON, LAWRENCE**  
 STREET ADDRESS **7602 ST ANDREWS BLVD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT** ☒ Delete  
 NAME **BALL, EILEEN**  
 STREET ADDRESS **7179 GALLOWAY ROAD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **DP** ☐ Change ☒ Addition  
 NAME **WEICHMAN, RICHARD**  
 STREET ADDRESS **7401 GALLOWAY ROAD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **DS** ☐ Delete  
 NAME **PERRETTO, JAMES**  
 STREET ADDRESS **9289 PENELOPE DRIVE**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

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

TITLE **DP** ☐ Delete  
 NAME **BOTTOMLEY, ERNEST**  
 STREET ADDRESS **5143 WELLINGTON RD**  
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

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

TITLE **D** ☐ Delete  
 NAME **CUCCIO, PETER**  
 STREET ADDRESS **7513 HEATHER WALK DRIVE**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

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

TITLE **D** ☒ Delete  
 NAME **HAYES, PATRICIA**  
 STREET ADDRESS **14417 US 19 N #4S**  
 CITY-ST-ZIP **HUDSON FL 34687**

TITLE **DVP** ☐ Change ☒ Addition  
 NAME **BUREAU, MAURICE**  
 STREET ADDRESS **8178 STURBRIDGE COURT**  
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

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:

*J. Richard Weichman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. Richard Weichman, President 4/5/02 352-597-2535*

Date

Daytime Phone #

CR2E037 (9/01)