

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90452 015 ****70.00

DOCUMENT # N22886

1. Entity Name

SAWGRASS COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

**10034 GOLF CLUB DR
 PONTE VEDRA BEACH FL 32082-3562**

**10034 GOLF CLUB DR
 PONTE VEDRA BEACH FL 32082-3562**

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

59-2853571

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

**KANITZ, KRAIG A
 10034 GOLF CLUB DRIVE
 PONTE VEDRA BEACH FL 32082**

Name

Joseph R. Burch

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

10034 Golf Club Drive

City

Ponte Vedra Beach,

FL

Zip Code

32082

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

Joseph R. Burch

Joseph R. Burch

4/30/02

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 **P** ☐ Delete
 NAME **DESELDING, EDWARD**
 STREET ADDRESS **9003 LAKE KATHRYN DR**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **VP** ☐ Delete
 NAME **SWITZER, RALPH**
 STREET ADDRESS **104 SEA ISLAND LAKE CT**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **S** ☐ Delete
 NAME **BARTON, HAROLD L**
 STREET ADDRESS **9681 PRESTON TRAIL WEST**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **D** ☒ Delete
 NAME **BUTLER, JERRY D**
 STREET ADDRESS **2647 LONGBOAT CT S.**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **P** ☐ Change ☒ Addition
 NAME **Michael P. O'Donnell**
 STREET ADDRESS **288 Deer Run Drive South**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **D** ☒ Delete
 NAME **CALDWELL, WILLIAM F**
 STREET ADDRESS **2622 LIGHTHOUSE BEND DR**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Change ☒ Addition
 NAME **Thomas S. Smith**
 STREET ADDRESS **2310 Clubview Court**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **TD** ☐ Delete
 NAME **MA CHIN, ROBERT C**
 STREET ADDRESS **478 OSPERY POINT**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 B. Deselding
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 904-273-3700

CR2E037 (9/01)