

2001 UNIFORM BUSINESS REPORT (UBR)

3/2.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-02-2001 90099 012 ****61.25

DOCUMENT # N27454

1. Entity Name

THE FOREST COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

6100 CLUB BLVD., S.W.
 FT. MYERS FL 33908-4340

6100 CLUB BLVD., S.W.
 FT. MYERS FL 33908-4340

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

65-0066096

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

BRUHNKE, CHRIS
6100 CLUB BOULEVARD SW
FORT MYERS FL 33908

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	VP	☒ Delete
NAME	FRANKS, WILLIAM A	
STREET ADDRESS	16514 HERON COACH CWAY	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	SD	☒ Delete
NAME	LANGE, FRED S	
STREET ADDRESS	16181 FAIRWAY WOODS DR #1401	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	TD	☐ Delete
NAME	GILBERT, RUSSELL	
STREET ADDRESS	16391 FAIRWAY WOODS DRIVE #207	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	☐ Delete
NAME	DAHLGREN, CLARKE P	
STREET ADDRESS	16980 TIMBERLAKES DRIVE SW	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	PD	☐ Delete
NAME	PARKER, KEN	
STREET ADDRESS	6141 TIDEWATER ISLAND CIRCLE	
CITY-ST-ZIP	FORT MEYERS FL 33908	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/D	☐ Change ☒ Addition
NAME	WEST, JUDITH	
STREET ADDRESS	16975 TIMBERLAKES DR., S.W.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	S/D	☐ Change ☒ Addition
NAME	FULLEN, DAVID	
STREET ADDRESS	16910 TIMBERLAKES DR.	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	☐ Change ☒ Addition
NAME	NIPPERT, LYNN	
STREET ADDRESS	16350 FAIRWAY WOODS DR. #1803	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

RUSSELL A. GILBERT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01
 Date

Daytime Phone #

CR2E037 (10/00)