

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29190

1. Entity Name

WILLOUGHBY GOLF CLUB, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90047 002 ****70.00

Principal Place of Business

Mailing Address

3001 S. E. DOUBLETEN DRIVE
STUART FL 34997
US

3001 S. E. DOUBLETEN DRIVE
STUART FL 34997-5606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0087089

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEWIS, STEVEN C
3001 S.E. DOUBLETEN DR.
STUART FL 34997

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	<input checked="" type="checkbox"/> Delete
NAME	FARN, JACK	
STREET ADDRESS	3001 SE DOUBLETEN DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, WALTER	
STREET ADDRESS	3001 SE DOUBLETEN DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALAR, JOHN	
STREET ADDRESS	3001 SE DOUBLETEN DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCLELLAN, LIN	
STREET ADDRESS	3001 SE DOUBLETEN DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAUERBERG, ROBERT	
STREET ADDRESS	3001 SE DOUBLETEN DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLellan, Lin	
STREET ADDRESS	3001 SE Doubleton Drive	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Art Davie	
STREET ADDRESS	3001 SE Doubleton Drive	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Collins	
STREET ADDRESS	3001 SE Doubleton Drive	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	S/D (Assistant Secretary)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Sauerberg	
STREET ADDRESS	3001 SE Doubleton Drive	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Stewart	
STREET ADDRESS	3001 SE Doubleton Drive	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Lavelle	
STREET ADDRESS	3001 SE Doubleton Drive	
CITY-ST-ZIP	Stuart, FL 34997	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-00 \$61.220-6000

Date

Daytime Phone #

CR2E037 (9/99)