

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # N33438

1. Entity Name

VINES COUNTRY CLUB, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-29-2000 90034 024 ****70.00

Principal Place of Business
19501 VINTAGE TRACE CIRCLE
FORT MYERS FL 33912

Mailing Address
19501 VINTAGE TRACE CIRCLE
FORT MYERS FL 33912-5532

2. Principal Place of Business
19501 Vintage Trace Circle
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Fort Myers FL

City & State

Zip
33912

Country
USA

4. FEI Number
65-0139537

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEFFERNAN, JOSEPH A
19501 VINTAGE TRACE CIR
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name: Verna Caudle - Controller
Street Address (P.O. Box Number is Not Acceptable): 19501 Vintage Trace Cir
City: Fort Myers FL FL Zip Code: 33912

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

Verna Caudle
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/2000
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

| | | |
|----------------|----------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | KRIDLER, TERRY | |
| STREET ADDRESS | 11333 MCCORMICK RD | |
| CITY-ST-ZIP | HUNT VALLEY MD | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | HEFFERNAN, JOSEPH A | |
| STREET ADDRESS | 19501 VINTAGE TRACE CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | RUSTON, DON | |
| STREET ADDRESS | 11333 MCCORMICK ROAD | |
| CITY-ST-ZIP | HUNT VALLEY MD | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | President, Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Neithercut, Jim | |
| STREET ADDRESS | 19497 Silver Oaks Dr. | |
| CITY-ST-ZIP | Fort Myers FL 33912 | |
| TITLE | V. President, Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jones, Bob | |
| STREET ADDRESS | 19455 Silver Oaks Dr | |
| CITY-ST-ZIP | Fort Myers FL 33912 | |
| TITLE | Treas. Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Johnson, Donald | |
| STREET ADDRESS | 19017 Vintage Trace Cir. | |
| CITY-ST-ZIP | Fort Myers FL 33912 | |
| TITLE | Sec. Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Smith, Christopher | |
| STREET ADDRESS | 19649 Vintage Trace Circle | |
| CITY-ST-ZIP | Fort Myers FL 33912 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Jim Neithercut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-267-7000