

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34556

1. Entity Name

COBBLESTONE COUNTRY CLUB, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90147 026 ****61.25

Principal Place of Business

Mailing Address

C/O THE CORNERSTONE GROUP, A FL GROUP
10568 WHOOPING CRANE WAY
PALM CITY FL 34990

C/O THE CORNERSTONE GROUP, A FL GROUP
10568 WHOOPING CRANE WAY
PALM CITY FL 34990-7805

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

65-0146806

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

Name

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

City

FL

Zip Code

THE CORNERSTONE GROUP, A FLORIDA GROUP
10568 WHOOPING CRANE WAY
PALM CITY FL 34990

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 ☐ Delete
NAME **VD**
STREET ADDRESS **POSILICO, JOSEPH D., JR**
CITY-ST-ZIP **15 BEAUX ARTS LANE**
HUNTINGTON BAY NY

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MEEHAN, ROBIN L**
CITY-ST-ZIP **2924 SE MORNINGSID BLVD.**
PT. ST. LUCIE FL 34952

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **POSILICO**
CITY-ST-ZIP **10568 WHOOPING CRANE WAY**
PALM CITY FL

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MEEHAN, ROBIN L**
CITY-ST-ZIP **2924 SE MORNINGSID BLVD**
PT. ST. LUCIE FL 34952

TITLE ☐ Change ☐ Addition
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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:

Rob L Meehan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rob L Meehan 4/28/00

Date

Daytime Phone #

597-4501

CR2E037 (9/99)