

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90030 016 \*\*\*\*61.25

**DOCUMENT # N38391**

1. Entity Name  
**GRASSLANDS GOLF & COUNTRY CLUB, INC.**



Principal Place of Business  
**1600 GRASSLANDS BLVD.  
LAKELAND, FL 33803**

Mailing Address  
**1600 GRASSLANDS BLVD.  
LAKELAND, FL 33803**

**50065986**



07252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3012740**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARBER, RICHARD W  
3604 HARDEN BLVD  
LAKELAND, FL 33803**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**CHECK TO:  
FLORIDA DEPARTMENT  
OF STATE**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DAS  
STILLWELL, JACK  
530 BEACON PKWY WEST  
BIRMINGHAM, AL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMELTZLY, HALL  
815 WHITE STONE CT  
LAKELAND, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KIBLER, D. BURKE III  
92 LAKE WIRE DR.  
LAKELAND, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T-SS  
FURRELL, DONALD R  
3604 HARDEN BLVD  
LAKELAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
BARBER, RICHARD W  
3604 HARDEN BLVD.  
LAKELAND, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #