

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90042 045 ****70.00

DOCUMENT # N39323

1. Entity Name

GLEN EAGLE GOLF & COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

1403 GLEN EAGLE BOULEVARD
 NAPLES FL 34104
 US

3300 UNIVERSITY DR., #001
 CORAL SPRINGS FL 33065

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

65-0217318

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

DIFIORE, CORA
3300 UNIVERSITY DRIVE, #001
CORAL SPRINGS FL 33065

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 type="checkbox"/> Delete
NAME	CLARK, SCOTT	
STREET ADDRESS	1403 GLEN EAGLE BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIFIORE, CORA	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THRON, DANIEL R	
STREET ADDRESS	1403 GLEN EAGLE BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01 (941) 348-0100
 Date Daytime Phone #

CR2E037 (10/00)