

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90050 019 ****61.25

DOCUMENT # N44015

1. Entity Name

PLANTATION GOLF AND COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

**500 ROCKLEY BLVD
 VENICE FL 34293**

**500 ROCKLEY BLVD
 VENICE FL 34293-4300**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0273104

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

**SULLIVAN, CHARLES
 500 RICKLEY BLVD.
 VENICE FL 34293**

Name *William Kasko*

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

City *Venice*

FL

Zip Code *34293*

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

William Kasko

William Kasko

4/20/2000

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 **D** Delete
 NAME **SARGENT, JOHN**
 STREET ADDRESS **500 ROCKLEY BLVD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** Change Addition
 NAME *William Kasko*
 STREET ADDRESS *500 Rockley Blvd.*
 CITY-ST-ZIP *Venice Fl. 34293*

TITLE **D** Delete
 NAME **REID, ANITA**
 STREET ADDRESS **500 RICKLEY BLVD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SULLIVAN, CHARLES**
 STREET ADDRESS **500 ROCKLEY BLVD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** Change Addition
 NAME *Joseph Mercier*
 STREET ADDRESS *500 Rockley Blvd*
 CITY-ST-ZIP *Venice Fl. 34293*

TITLE **D** Delete
 NAME **LUPICA, LOUIS**
 STREET ADDRESS **500 ROCKLEY BLVD**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** Change Addition
 NAME *Jerome Plabody*
 STREET ADDRESS *500 Rockley Blvd.*
 CITY-ST-ZIP *Venice Fl. 34293*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *William Kasko* **WILLIAM KASKO** *4/20/2000* **941-497-1494**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)