

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90067 021 \*\*\*\*61.25

**DOCUMENT # N93000005243**

**1. Entity Name**  
**SPANISH WELLS GOLF AND COUNTRY CLUB, INC.**



**Principal Place of Business**

**PO BOX 366879**  
**BONITA SPRINGS FL 34136**  
**US**

**Mailing Address**

**PO BOX 366879**  
**BONITA SPRINGS FL 34136**  
**US**

**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 65-0465554**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

**7. Name and Address of New Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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. 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

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** PD ☐ Delete  
**NAME** MCARDLE, DAVID A  
**STREET ADDRESS** 1600 E MAIN ST STE B  
**CITY-ST-ZIP** ST. CHARLES IL 60174

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

**TITLE** SD ☐ Delete  
**NAME** KELLY, THOMAS J  
**STREET ADDRESS** 4051 E. MAIN ST.  
**CITY-ST-ZIP** ST. CHARLES IL 60174

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

**TITLE** DV ☐ Delete  
**NAME** MCARDLE, EDWARD J  
**STREET ADDRESS** 5101 CAROLINE  
**CITY-ST-ZIP** HOUSTON TX 77004

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** V ☐ Change ☒ Addition  
**NAME** Dillon, Ronald  
**STREET ADDRESS** P.O. Box 366879  
**CITY-ST-ZIP** Bonita Springs, FL 34135

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** AS ☐ Change ☒ Addition  
**NAME** Boze, Joanna  
**STREET ADDRESS** P.O. Box 366879  
**CITY-ST-ZIP** Bonita Springs, FL 34135

**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:**

*Signature* **REQUIRED**

**Thomas J. Kelly**

*1/17/03*

CR2E037 (10/02)