

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005526

1. Entity Name

EDGEWATER AT GULF HARBOUR YACHT AND COUNTRY CLUB

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90177 009 ****61.25

Principal Place of Business

Mailing Address

2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570

FLM
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-5912

2. Principal Place of Business

24301 Walden Center Drive

3. Mailing Address

24301 Walden Center Drive

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

59-3294454

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

34134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEYER, R.C. JR.
2020 CLUBHOUSE DR
SUN CITY CENTER FL 33570

7. Name and Address of New Registered Agent

Name

JAMES D. CULLEN

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

24301 WALDEN CENTER DR.

City

BONITA SPRINGS FL

Zip Code

34134

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

TITLE PD
NAME BEYER, R.C. J
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL ☐ Delete

TITLE VD
NAME CLUSTER, GENE
STREET ADDRESS 11471 WELL FLEET DRIVE
CITY-ST-ZIP FT MYERS FL 33908 ☒ Delete

TITLE STD
NAME FLINN, MILTON
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BEYER, R.C. JR.
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER, FL. 33573 ☒ Change ☐ Addition

TITLE VD
NAME RIPPOLL, JOHN
STREET ADDRESS 15000 MCGREGOR BLVD.
CITY-ST-ZIP FT. MYERS, FL. 33908 ☐ Change ☒ Addition

TITLE STD
NAME FLINN, MILTON
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL. 34134 ☒ Change ☐ Addition

TITLE D
NAME RAND, MARSHA
STREET ADDRESS 14591 DORY LANE
CITY-ST-ZIP FT. MYERS, FL. 33908 ☐ Change ☒ Addition

TITLE D
NAME SEEDS, STAN
STREET ADDRESS 14610 HIGHLAND HARBOUR Ct.
CITY-ST-ZIP FT. MYERS, FL. 33908 ☐ Change ☒ Addition

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

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

Milt Flinn

4/19/00

941-947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)