

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90150 030 ****61.25

DOCUMENT # N95000005456

1. Entity Name

CAPITAL CITY COUNTRY CLUB INC.



Principal Place of Business

**1801 GOLF TERRACE DRIVE
TALLAHASSEE FL 32301**

Mailing Address

**1801 GOLF TERRACE DRIVE
TALLAHASSEE FL 32301**

20010000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0781065**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DUFRESNE, JEANNETTE
1801 GOLF TERRACE DRIVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

Jeanette Dufresne, **JEANNETTE DUFRESNE, COMPTROLLER** **JAN 10, 2003**

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 **T.** ☐ Delete
NAME **MCCALLISTER, L. RAY JR.**
STREET ADDRESS **P.O. BOX 12705**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **D** ☐ Change ☒ Addition
NAME **WHITE, DOUGLAS**
STREET ADDRESS **2906 JOYCE DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL. 32303**

TITLE **PD** ☐ Delete
NAME **CONNELL, A.J. JR**
STREET ADDRESS **1612 GOLF TERRACE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Change ☐ Addition
NAME **W. MARCUS BECK**
STREET ADDRESS **3020 MIDDLEWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL. 32312**

TITLE **D** ☐ Delete
NAME **JOHNSON, GERALD**
STREET ADDRESS **3010 AVON CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE **DV** ☐ Delete
NAME **WILLIAMS, DARRELL R**
STREET ADDRESS **2000 OLD FORT DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **SD** ☐ Delete
NAME **MCFARLAIN, JANE**
STREET ADDRESS **2014 GOLF TERRACE DR**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **D** ☐ Delete
NAME **DEAN, ROBERT**
STREET ADDRESS **177 SALEM COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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:

A.J. Connell Jr.

A.J. Connell Jr.

President 1/10/03 224-8372

CR2E037 (10/02)