

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002324

1. Entity Name

TWINEAGLES GOLF & COUNTRY CLUB, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90100 021 ****61.25

Principal Place of Business

Mailing Address

4099 TAMiami TRAIL, NORTH
SUITE 305
NAPLES FL 34103

4099 TAMiami TRAIL, NORTH
SUITE 305
NAPLES FL 34103-3548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11725 TWINEAGLES BLVD

11725 TWINEAGLES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3456401

Applied For

Not Applicable

Zip

34120

Country

Zip

34120

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

CLASP INC
3001 TAMiami TRAIL NORTH
4TH FLOOR
NAPLES FL 34103

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 ☐ Delete
NAME D
STREET ADDRESS COLOSIMO, JIM
CITY-ST-ZIP 4099 TAMiami TRAIL, NORTH, SUITE 305
NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME D,P
STREET ADDRESS 11725 TWINEAGLES BLVD
CITY-ST-ZIP NAPLES FL 34120

TITLE ☐ Delete
NAME DT
STREET ADDRESS COLOSIMO, KAREN
CITY-ST-ZIP 4099 TAMiami TRAIL, NORTH, SUITE 305
NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME D,S
STREET ADDRESS 11725 TWINEAGLES BLVD
CITY-ST-ZIP NAPLES FL 34120

TITLE ☒ Delete
NAME DV
STREET ADDRESS STORY, JOHN
CITY-ST-ZIP 4099 TAMiami TRAIL, NORTH, SUITE 305
NAPLES FL 34103

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

TITLE ☐ Delete
NAME T
STREET ADDRESS O'DONNELL, JOHN
CITY-ST-ZIP 4099 TAMiami TRAIL NORTH SUITE #305
NAPLES FL 34103

TITLE ☒ Change ☐ Addition
NAME D,T
STREET ADDRESS 11725 TWINEAGLES BLVD
CITY-ST-ZIP NAPLES FL 34120

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:

SIGNATURE REQUIRED PRESIDENT

4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)