

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002324

1. Entity Name

TWINEAGLES GOLF & COUNTRY CLUB, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90031 049 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

11725 TWINEAGLES BLVD.
NAPLES FL 34120

Mailing Address

11725 TWINEAGLES BLVD.
NAPLES FL 34120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3456401

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

RESOURCE CONSERVATION PROPERTIES, INC.
3451 BONITA BAY BLVD.
STE. 202R
BONITA SPRINGS FL 34134

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	D	<input checked="" type="checkbox"/> Delete
NAME	COLOSIMO, JIM	
STREET ADDRESS	4099 TAMIAMI TRAIL, NORTH, SUITE 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	COLOSIMO, KAREN	
STREET ADDRESS	4099 TAMIAMI TRAIL, NORTH, SUITE 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	STORY, JOHN	
STREET ADDRESS	4099 TAMIAMI TRAIL, NORTH, SUITE 305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ODONNELL, JOHN	
STREET ADDRESS	4099 TAMIAMI TRAIL NORTH SUITE #305	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILKEY, DENNIS E	
STREET ADDRESS	3451 BONITA BAY BLVD #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	STV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHESTAG, HARVEY R	
STREET ADDRESS	3451 BONITA BAY BLVD #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGERS, ED	
STREET ADDRESS	3451 BONITA BAY BLVD #202	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, JAVID H.	
STREET ADDRESS	3451 BONITA BAY BLVD #202	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

(941) 495-1000

CR2E037 (10/00)