

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90360 015 \*\*\*\*61.25

**DOCUMENT # N97000003273**

1. Entity Name

**CHEVAL GOLF AND COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

4312 CHEVAL BLVD  
 LUTZ FL 33549  
 US

4312 CHEVAL BLVD  
 LUTZ FL 33549  
 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

**59-3459659**

Applied For

Not Applicable

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

COLLING, LEE J ESQ  
 500 NORTH MAITLAND AVENUE  
 SUITE 203  
 MAITLAND FL 32751

Name **CATHERINE L. CAMPBELL**

Street Address (P.O. Box Number is Not Acceptable)  
**4312 CHEVAL BLVD**

City **LUTZ**

**FL**

Zip Code **33549**

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

*Catherine L. Campbell*

**CATHERINE L. CAMPBELL**

**4/10/01**

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** ☒ Delete  
 NAME **MYERS, DAN**  
 STREET ADDRESS **19017 ST LAURENT DR**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **P** ☐ Change ☒ Addition  
 NAME **ROHN HARMER**  
 STREET ADDRESS **5203 AVENUE LACROSSE**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☒ Delete  
 NAME **GUENTHER, SKIP**  
 STREET ADDRESS **18822 RUE LOIRE**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **V** ☐ Change ☒ Addition  
 NAME **ROBERT ABLEIDINGER**  
 STREET ADDRESS **4529 CHEVAL BLVD**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☒ Delete  
 NAME **GENTRY, RAND**  
 STREET ADDRESS **18645 AVENUE CAPRI**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **V** ☐ Change ☒ Addition  
 NAME **HOWARD HAMMERMAN**  
 STREET ADDRESS **3601 MADACA LANE**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **DT** ☐ Delete  
 NAME **WOHLWEND, HAROLD**  
 STREET ADDRESS **18822 RUE LOIRE**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **TS** ☒ Change ☐ Addition  
 NAME **WOHLWEND, HAROLD**  
 STREET ADDRESS **18822 RUE LOIRE**  
 CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D** ☐ Delete  
 NAME **MCGUINNESS, DOUG**  
 STREET ADDRESS **18801 RUE LOIRE**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Change ☒ Addition  
 NAME **CHRISTOPHER FROST**  
 STREET ADDRESS **18715 CHAVILLE RD**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☒ Delete  
 NAME **ROSS, DON**  
 STREET ADDRESS **18804 RUE LOIRE**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Change ☒ Addition  
 NAME **LINDA THOMSON**  
 STREET ADDRESS **18929 MAISONS DR**  
 CITY-ST-ZIP **LUTZ FL 33549**

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:

*Harold Wohlwend*

**5/3/01**

CR2E037 (10/00)