

2000 UNIFORM BUSINESS REPORT (UBR)

2/3/00-90001-014-\$61.25-\$61.25

DOCUMENT # N97000003638

1. Entity Name

SUNCOAST GOLF COURSE ASSOCIATION, INC.

Principal Place of Business

9000 GATOR CREEK DRIVE
SARASOTA FL 34241

Mailing Address

9000 GATOR CREEK DRIVE
SARASOTA FL 34241-9741

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, DAVID S
240 S. PINEAPPLE AVE., 9TH FL.
SARASOTA FL 34236

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.

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PDSO
TALBOT, LINDA D
7200 PROCTOR ROAD
SARASOTA FL 34241

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
POLLARD, DON E D
9000 GATOR CREEK DRIVE
SARASOTA FL 34241

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VP D
OWEN, JIM D
6773 SERENOA DR
SARASOTA FL 34241

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

941 925-2083

Daytime Phone #

CR2ED07 (9/99)