

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

NOT APPLICABLE

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

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

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 PDSD
NAME TALBOT, LINDA
STREET ADDRESS 7200 PROCTOR ROAD
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE
NAME
STREET ADDRESS 3705 TORREY PINES BLVD
CITY-ST-ZIP SARASOTA FL 34238 ☒ Change ☐ Addition

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

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

TITLE VPD
NAME OWEN, JIM
STREET ADDRESS 6770 SERENOA DR
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE VPD
NAME ROBERT NORTON
STREET ADDRESS 4409 TPC DRIVE
CITY-ST-ZIP SARASOTA FL 34238 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

LINDA TALBOT REFINANCER

MAR 3, 2001 941-923-2232

Date Daytime Phone #

CR2E037 (10/00)

0078411

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90139 018 *****61.25

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DO NOT WRITE IN THIS SPACE