2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900006904 Feb 22, 2000 8:00 am Secretary of State MIRASOL GOLF AND COUNTRY CLUB, INC. 02-22-2000 90036 031 ****61.25 Principal Place of Business Mailing Address 2405 PIPER BOULEVARD 2405 PIPER BOULEVARD NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, MARIE 2405 PIPER BOULEVARD NAPLES FL 34110 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** MDIIC ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition □ Delete TITLE TITLE MILARCIK, DON JR. NAME NAME STREET ADDRESS STREET ADDRESS 2405 PIPER BOULEVARD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Change ☐ Addition ☐ Delete TITLE CLAUSSEN, ROBERT G NAME NAME STREET ADDRESS STREET ADDRESS 2405 PIPER BOULEVARD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE Change ■ Addition ☐ Delete TITLE NAME STERLING, JACK NAME STREET ADDRESS STREET ADDRESS 2405 PIPER BOULEVARD CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 accurate 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 a triple like empowered.

SIGNATURE:

SIGNATURE:

Description of the property of the propert