

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90132 021 \*\*\*150.00

**DOCUMENT # P00000037063**

1. Entity Name

**CLUBHOUSE INVESTORS, INC.**

Principal Place of Business

**80 CLUBHOUSE DRIVE  
 PALM COAST FL 32137**

Mailing Address

**80 CLUBHOUSE DRIVE  
 PALM COAST FL 32137**

2. Principal Place of Business

3. Mailing Address

*C/o Mary Lou Preston  
 150 Kent Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1-B*

City & State

City & State

*St. Augustine, FL*

Zip

Country

Zip

Country

*32086 St. Johns*



DO NOT WRITE IN THIS SPACE

4. FEI Number

*59-3647817*

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

**CHIUMENTO, MICHAEL D ESQ.  
 4 OLD KINGS ROAD NORTH  
 SUITE B  
 PALM COAST FL 32137**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D RIVETTE, RONALD M  
 80 CLUBHOUSE DRIVE  
 PALM COAST FL 32137** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ronald Rivette*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ronald M. Rivette**  
*President*

*4/30/01*  
 Date

*(904) 447-7742*  
 Daytime Phone #

CR2E034 (10/00)