

FILED

03 SEP 22 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000019105

1. Entity Name
ABC COUNTRY CLUB MANAGEMENT, INC.

Principal Place of Business
13160 SOUTHEAST HIGHWAY 484
BELLEVEU, FL 34420

Mailing Address
13160 SOUTHEAST HIGHWAY 484
BELLEVEU, FL 34420

2. Principal Place of Business
13160 Southeast Highway 484
Suite, Apt. #, etc.

3. Mailing Address
13160 Southeast Highway 484
Suite, Apt. #, etc.

City & State
Belleview, FL

City & State
Belleview, FL

4. FEI Number
59-3888716

Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STUBBS, ROMONA L
13160 SOUTHEAST HIGHWAY 484
BELLEVEU, FL 34420

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUBBS, ROMONA L 14226 SE 156TH STREET WEIRSDALE, FL 32196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENTURA, WENDY A 3600 SAILFISH AVENUE FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: Romona L. Stubbs Romona L. Stubbs 9/16/03
250-245-4788

200023306628
09/24/03--01065--015 **150.00



CHECK HERE IF MAKING CHANGES

ORF0304 (10/02)

9/23

September 16, 2003


Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

I recently realized that I had not received a UBR form to file for 2003. Upon calling your department I was informed that I needed to pay a late fee. I am asking that you waive the late fee because I did not realize that I could have printed it from the computer to file. Please accept the enclosed internet generated copy and my check for \$150.00.

Please advise ASAP if this can not be done. I can be reached at 352-245-4788.

Sincerely,


Romona L. Stubbs