

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106955

1. Entity Name
SHERWOOD GOLF CLUB, INC.

FILED

02 NOV 12 PM 12:29

Principal Place of Business

3885 SOUTH STREET
TITUSVILLE FL 32780

Mailing Address

3885 SOUTH STREET
TITUSVILLE FL 32780

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4335 Londontown Rd
Suite, Apt. #, etc.

3. Mailing Address

4335 Londontown Rd
Suite, Apt. #, etc.

City & State

Titusville FL

City & State

Titusville FL

4. FEI Number

59-3753490

Applied For

Not Applicable

Zip

Country

32796

Zip

Country

32796

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

HOLLOWAY, B.S.
3885 SOUTH STREET
TITUSVILLE FL 32780

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D
NAME HOLLOWAY, B.S.
STREET ADDRESS 3885 SOUTH STREET
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100008941531
CITY-ST-ZIP 11/12/02--01122--009 **750.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02

Date

Daytime Phone #

CR2E034 (4/02)