

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043875

1. Entity Name

ORANGE PARK COUNTRY CLUB, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90183 014 ***150.00

Principal Place of Business

Mailing Address

3030 LBJ FREEWAY
DALLAS TX 75234

3030 LBJ FREEWAY
DALLAS TX 75234

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 75-2489653

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 P
NAME ARTZ, BERYL
STREET ADDRESS 3030 LBJ FREEWAY #700
CITY-ST-ZIP DALLAS TX 75234 ☒ Delete

TITLE
NAME DOUGLAS HOWE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MOORE
STREET ADDRESS 3030 LBJ FREEWAY #700
CITY-ST-ZIP DALLAS TX 75234 ☒ Delete

TITLE
NAME SEC. THOMAS HENSLES ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME POWER, KEVIN
STREET ADDRESS 3030 LBJ PKWY
CITY-ST-ZIP DALLAS TX 75234 ☒ Delete

TITLE
NAME TREAS. JEFF LONGMIRE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)