

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90654 034 ***150.00

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DOCUMENT # P93000053625

1. Entity Name

THE GOLFER'S CLUB OF ST. LUCIE COUNTY, INC.

Principal Place of Business

Mailing Address

~~524 21ST ST~~ **81 SOUTH POINTE DR** ~~524 21ST CT~~ **81 SOUTH POINTE DR**
~~VERO BEACH FL 32960~~ **FT PIERCE, FL** ~~VERO BEACH FL 32960~~ **FT PIERCE, FL**
US **34949-9134** **US** **34949-9134**

80063467



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0427627

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ERIKSSON, AUSTIN
1113 CORAL CLUSTER 81 SOUTH POINTE DR
2400 S OCEAN DR
FT PIERCE FL 34949-8845 9134

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, 2002 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 ☐ Delete
NAME **D**
STREET ADDRESS **ERIKSSON, AUSTIN 81 SOUTH POINTE DR**
CITY-ST-ZIP **1113 CORAL CLUSTER 2400 S OCEAN DR**
FT PIERCE FL 34949-8845 9134

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

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **ERIKSSON, KRISTIN 81 SOUTH POINTE DR**
CITY-ST-ZIP **1113 CORAL CLUSTER 2400 S OCEAN DR**
FT PIERCE FL 34949-8845 9134

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

AUSTIN G. ERIKSSON **4/3/02** **561-468-1007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)