## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # P93000080530** 1. Entity Name MARION CREEK HUNT CLUB, INC. 4-23-2001 90056 050 \*\*\*158.75 Principal Place of Business Mailing Address 4545 PLEASANT HILL ROAD 4545 PLEASANT HILL ROAD SUITE 108 **SUITE 108** KISSIMMEE FL 34759 KISSIMMEE FL 34759 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3212507 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired XXFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISCHER, MARGARET H Street Address (P.O. Box Number is Not Acceptable) 4545 PLEASANT HILL ROAD SUITE 108 KISSIMMEE FL 34759 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Delete TITLE Change TITLE FISCHER, LOUIS E NAME NAME 4545 PLEASANT HILL ROAD, SUITE 108 STREET ADDRESS STREET ADDRESS CITY-ST-719 KISSIMMEE FL 34759 CITY-ST-7IP TITLE Delete TITLE Change Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS

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 enhowered 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 attachme with all other like empowered

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-7IP TITLE

STREET ADDRESS

CITY-ST-7IP

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

Margaret H. Fischer 04/15/01

407/847-9700

Daytime Phone #

Change

Addition