

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 25, 2002 8:00 am**
Secretary of State

03-25-2002 90023 030 ***150.00

DOCUMENT # P940000221171. Entity Name
MID FLORIDA GOLF, INC.

Principal Place of Business

**713 N. 14TH STREET
LEESBURG FL 34748**

Mailing Address

**713 N. 14TH STREET
LEESBURG FL 34748**

2. Principal Place of Business

1550 Bella Cruz Drive

Suite, Apt. #, etc.

3. Mailing Address

1550 Bella Cruz Drive

Suite, Apt. #, etc.

City & State

The Villages, FL

City & State

The Villages, FL

Zip

Country

32159**USA**

Zip

Country

32159**USA**

4. FEI Number

59-3229535

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ELROD, HOYT E II
713 N. 14TH STREET
LEESBURG FL 34748****7. Name and Address of New Registered Agent**

Name

Hoyt E. Elrod, II

Street Address (P.O. Box Number is Not Acceptable)

1550 Bella Cruz Drive

City

The Villages**FL**

Zip Code

32159

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)

2-19-02

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**TITLE **PTS** ☐ Delete
NAME **ELROD, II H E**
STREET ADDRESS **713 N 14TH ST**
CITY-ST-ZIP **LEESBURG FL**TITLE **VP** ☐ Delete
NAME **UNDERWOOD, C.L.**
STREET ADDRESS **713 N 14TH ST**
CITY-ST-ZIP **LEESBURG FL**TITLE **S** ☐ Delete
NAME **ELROD, P.A.**
STREET ADDRESS **32532 W GOLF CT**
CITY-ST-ZIP **LEESBURG FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1550 Bella Cruz Drive**
CITY-ST-ZIP **The Villages, FL 32159**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1550 Bella Cruz Drive**
CITY-ST-ZIP **The Villages, FL 32159**TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME **Leonard B. Addison**
STREET ADDRESS **1550 Bella Cruz Drive**
CITY-ST-ZIP **The Villages, FL 32159**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)