

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90201 012 ***150.00

DOCUMENT # P96000072039

1. Entity Name

COUNTRY CLUB PROPERTIES OF FLAGLER, INC.

Principal Place of Business

Mailing Address

**1 FLORIDA PARK DRIVE
SUITE #1
PALM COAST FL 32137
US**

**4440 N OCEANSHORE BLVD
STE 101
PALM COAST FL 32137-2241
US**

2. Principal Place of Business

3. Mailing Address

4440 N. OCEANSHORE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 101

City & State

City & State

Palm Coast FL

4. FEI Number **59-3399009**

Applied For

Not Applied For

Zip
32137

Country
FLAGLER

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

**KIMBERLEY, RODNEY F
1 FLORIDA PARK DRIVE
PALM COAST FL 32137**

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, 2000 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 **D** ☐ Delete
NAME **KIMBERLEY, RODNEY F**
STREET ADDRESS **4440 N OCEANSHORE BLVD STE 101**
CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE ☐ Delete
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STREET ADDRESS
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:

WILLIAM V. GRAFT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodney F. Kimberley

1-19-00

904-445-4747

Date

Daytime Phone #