

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001774

1. Entity Name

THE ESTUARY GOLF CLUB, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90163 025 ***150.00

Principal Place of Business Mailing Address
P.O. BOX 439 P.O. BOX 439
PARRISH FL 34219 PARRISH FL 34219-0439

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 59-3436325

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

CABLISH, HOMER CPA
4301 32ND STREET WEST D-5
BRADENTON FL 34205

Name WILLIAM C. ROBINSON
Street Address (P.O. Box Number is Not Acceptable)
6730 MOCCASIN WALLOW ROAD
City PALMETTO FL Zip Code 34222

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 P
NAME ROBINSON, WILLIAM C
STREET ADDRESS 6620 RIVERVIEW BLVD.
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME WILLIAM C. ROBINSON
STREET ADDRESS 6720 RIVERVIEW BLVD/W
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ 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 (9/99)