

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # P98000012531

1. Entity Name

GOLF &amp; COUNTRY CLUB REAL ESTATE, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90079 048 \*\*\*150.00

Principal Place of Business

6849 W. COLONIAL DR.  
ORLANDO FL 32818

Mailing Address

6849 W. COLONIAL DR.  
ORLANDO FL 32818-7829

NOTE CHANGE

NOT ACTIVE

2. Principal Place of Business

NOT ACTIVE

3. Mailing Address

PO BOX 385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

LADY LAKE, FL

Zip

Country

Zip

Country

32158

USA

4. FEI Number

59-3562321

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

VICE, EDWIN B

6849 W. COLONIAL DR.

ORLANDO FL 32818

~~PO BOX 385~~~~LADY LAKE, FL 32158~~

881 WALKER LOOP

The Villages, FL 32159

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	VICE, EDWIN B	<del>705 WHITE KEY COURT</del>	881 WALKER LOOP	<input type="checkbox"/>
		<del>APOLIA FL 32742</del>	THE VILLAGES, FL	<input type="checkbox"/>
			32159	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 #

2/15/2000 352-259-7449

CR2E034 (9/99)