

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000037790****1. Entity Name****SWEETWATER GOLF CLUB, INC.****Principal Place of Business**

500 N. MAITLAND AVE., SUITE 203

MAITLAND
32751

FL

Mailing Address

500 N. MAITLAND AVE., SUITE 203

MAITLAND
32751

FL

2. Principal Place of Business

600 GOLFPARK DRIVE

3. Mailing Address

600 GOLFPARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CELEBRATION

FL

City & State

CELEBRATION

FL

4. FEI Number**59-3529068**

Applied For

Not Applicable

Zip
34747Country
USZip
34747Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**COLLING LEE JAY
500 N. MAITLAND AVE., SUITE 203MAITLAND
32751

FL

7. Name and Address of New Registered Agent**Name**

COLLING LEE JAY

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

1920 E. ROBINSON STREET

City
ORLANDO

FL

Zip Code
32803**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 LEE JAY COLLING****04/21/2000**

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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	BOLLING LEE J	
STREET ADDRESS	2023 VENETIAN WAY	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWMAN TAMARA S	
STREET ADDRESS	4521 CRANSTON PR	
CITY-ST-ZIP	ORLANDO FL 32812	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMPSON MARTYN W	
STREET ADDRESS	600 GOLF PARK DR	
CITY-ST-ZIP	CELEBRATION FL 34747	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLING LEE JAY	
STREET ADDRESS	2023 VENETIAN WAY	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN TAMARA S	
STREET ADDRESS	4521 CRANSTON PR	
CITY-ST-ZIP	ORLANDO FL 32812	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON MARTYN W	
STREET ADDRESS	600 GOLFPARK DRIVE	
CITY-ST-ZIP	CELEBRATION FL 34747	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 MARTYN W. SIMPSON****TD 04/21/2000**