

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90080 006 ***150.00

DOCUMENT # P98000044665

1. Entity Name

COUNTRY CLUB GOLF CENTERS, INC.

Principal Place of Business

**18002 KINGS PARK DRIVE
TAMPA FL 33647**

Mailing Address

**18002 KINGS PARK DRIVE
TAMPA FL 33647**

2. Principal Place of Business

3. Mailing Address

P.O. Box 46176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

Zip

Country

Zip

Country

33647

4. FEI Number

59-3512641

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

**ALLEN, ALFRED E III
18002 KINGS PARK DRIVE
TAMPA FL 33647**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D ALLEN, ALFRED E III**
STREET ADDRESS **POST OFFICE BOX 22632**
CITY-ST-ZIP **TAMPA FL 33623**

TITLE ☒ Change ☐ Addition
NAME **~~D Alfred Allen~~ Alfred Allen E III**
STREET ADDRESS **POST OFFICE BOX 46176**
CITY-ST-ZIP **Tampa Florida 33647**

TITLE ☐ Delete
NAME **D CULLEN, GERALD A**
STREET ADDRESS **112 GERALD DRIVE**
CITY-ST-ZIP **NEWBURY NH 03255**

TITLE ☒ Change ☐ Addition
NAME **D Cullen, Gerald A**
STREET ADDRESS **5315 Championship Lane**
CITY-ST-ZIP **Brooksville, Florida 34609**

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

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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:

Alfred E Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02
Date

913.503.6532
Daytime Phone #

CR2E034 (9/01)