

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065244

1. Entity Name  
GREAT OAKS GOLF COURSE, INC.

Principal Place of Business  
3071 HWY 90  
MARIANNA FL 32446

Mailing Address  
3071 HWY 90  
MARIANNA FL 32446

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

**59-3531613**

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

BONDURANT, FRANK E  
4450 LAFAYETTE ST  
MARIANNA FL 32446

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.)

(NOT) (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, 2001 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  
NAME      HARDOIN, MATTHEW L  
STREET ADDRESS      3071 HWY 90  
CITY-ST-ZIP      MARIANNA FL 32446

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE      D  
NAME      HARDOIN, BRENDA F  
STREET ADDRESS      3071 HWY 90  
CITY-ST-ZIP      MARIANNA FL 32446

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

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 or changed, or on an attachment with an address, with all other like empowered

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 or changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Matthew Hardoin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

OR DIRECTOR

501-01

850-352-2060

Daytime Phone #

Date

Daytime Phone #

CR2E034 (10/00)

0057478



DO NOT WRITE IN THIS SPACE