## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** P98000065244

1. Entity Name

GREAT OAKS GOLF COURSE, INC.

## **FILED** Jul 16, 2002 8:00 am Secretary of State 05-01-2002 91625 004 \*\*\*150.00

Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  Do Not Write in this space  City & State  City & St	MARIANNA FL 32446  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of BONDURANT, FRANK E  4450 LAFAYETTE ST	MARIANNA FL 32446  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Cor	4. FEI Number 59-3531613 Applied For Not Applicable unitry  5. Catificate of Status Region
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Do Not Write in this space  City & State  Country  Zip  State Country  Zip  State Country  Zip  State Country  Zip  State Country  Zip  Country  Zip  State Country  Zip  State Country  Zip  State Country  Zip  Country  Zip  State Country  Zip  Country  Zip  Country  Zip  State Country  Zip  Country  Zip  State Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of BONDURANT, FRANK E  4450 LAFAYETTE ST	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Cor	DO NOT WRITE IN THIS SPACE  4. FEI Number 59-3531613 Applied For Not Applied For Not Applicable Applied For Not Ap
Suite, Apt. #, etc.  Do Not Write in this space  City & State  Country  Typ  Country  5. Certificate of Status Desired  Replaced Agent  7. Name and Address of Status Desired  Replaced Agent  Replaced Agent  7. Name and Address of New Registered Agent  Replaced Age	Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of BONDURANT, FRANK E  4450 LAFAYETTE ST	Suite, Apt. #, etc.  City & State  Zip Cor	DO NOT WRITE IN THIS SPACE  4. FEI Number 59-3531613 Applied For Not Applied For Not Applicable Applied For Not Ap
City & State  Ci	City & State  Zip Country  6. Name and Address of BONDURANT, FRANK E  4450 LAFAYETTE ST	City & State  Zip Cor	4. FEI Number 59-3531613 Applied For Not Applicable unitry  5. Catificate of Status Region
Zip Country Zip Country 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    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable    8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar	6. Name and Address of BONDURANT, FRANK E 4450 LAFAYETTE ST	Zip Coi	untry 5 Catificate of Status Region 5 \$8.75 Additional
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  1. OFFICERS AND DIRECTORS  2. OFFICERS AND DI	6. Name and Address of BONDURANT, FRANK E 4450 LAFAYETTE ST		untry 5 Contificate of Status Posicod
BONDURANT, FRANK E 4450 LAFAYETTE ST MARIANNA FL 32446  8. The above named entity submits this statement for the purpose of changing its registered Agent. (NOTE: Registered Agent, or both, in the State of Florida. Jam familiar with, and acceptable)  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  13. AMAE  14. ARDOIN, MATTHEW L  15. AMAE  16. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Jam familiar with, and acceptable agent and required when registered agent, or both, in the State of Florida. Jam familiar with, and acceptable agent and required when registered agent, or both, in the State of Florida. Jam familiar with, and acceptable agent and required when registered agent, or both, in the State of Florida. Jam familiar with, and acceptable agent and required when registered agent, or both, in the State of Florida. Jam familiar with, and acceptable agent and required when registered agent, or both, in the State of Florida. Jam familiar with, and acceptable agent and required when registered agent, or both, in the State of Florida. Jam	BONDURANT, FRANK E 4450 LAFAYETTE ST	rrent Registered Agent	Table 1
### Autonomes in the composition of registered agent.  ### Signature	4450 LAFAYETTE ST		
MARIANNA FL 32446  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accertance of registered agent.  SIGNATURE  Signfuture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME  HARDOIN, MATTHEW L  3071 HWY 90  MARIANNA FL 32446  TITLE  MAME  STREET ADDRESS	MARIANNA FL 32446		Sirect Address (F.O. Box Number is Ind. Acceptable)
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  P. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax filing requirement and elects to do so. (Make Check Payable to Department of State)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP			
the obligations of registered agent.  SIGNATURE  Signiture, typed or printed name of registered agent and title if applicable.  PLS. IDENT MATTHEW L.			City Code Jak
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  Part	The above named entity submits this state     the obligations of registered agent.	ent for the purpose of changing its registe	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
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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 directe 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 changed, or on an attachment with an address, with all other like empowered.	TREET ADDRESS ITY-ST-ZIP  ITLE IAME ITY-ST-ZIP ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	CIT Delete TITI NA!	TLE Change Addition  ME  REET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02



AHackments Decuments # P98000065244 38714

July 11th, 2002

Florida Department of State Division of Corporations

I returned my original form for the Division of Corporations with a check for \$150.00. The State cashed my check and it posted at Regions Bank May 9th, 2002. Since that time you said you sent out a letter informing me that I didn't sign line #8 of the form required to change registering agent. I have never received that letter and after talking with a lady in the State Office she said to send back this form filled out fully and to request that you waive the late fee because I never received the letter dated May 8th, 2002 requesting that I sign line no.#8.

I am doing my part and I ask that you waive the late fee since there was a mix-up in communications seiing that I never-received that letter.

Thank You

Regards,

Matt Hardoin, President

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## Regions Bank

O BOX 340 MARIANNA, FLORIDA 32447-0340

Attachment Ocument # pg80000 65 244

BANK USE ONLY 51 51 36 1

ACCOUNT NUMBER 53:0100-0125

CLOSING DATE 05/31/2002

