

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90542 012 ***150.00

DOCUMENT # P99000091236

1. Entity Name
COPPERHEAD GOLF CLUB, INC.

Principal Place of Business
**21184 BRAXFIELD LOOP
 ESTERO FL 33928**

Mailing Address
**21184 BRAXFIELD LOOP
 ESTERO FL 33928**

2. Principal Place of Business
20900 Copper Head Dr

3. Mailing Address
6001 Egan Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lehigh Acres, FL

City & State
Savage, MN

Zip
33936

Country
USA

Zip
55378

Country
USA

4. FEI Number **65-0986457**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SNELL, MARY V
 1833 HENDRY STREET
 FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **Amy E. Skillestad**
 Street Address **20900 Copperhead Dr**
 City **Lehigh Acres FL** Zip Code **33936**

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 *Amy E. Skillestad* *Amy E. Skillestad* *3/5/01*
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, 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

TITLE **PSD** ☐ Delete
 NAME **ISRAELSON, WARREN J**
 STREET ADDRESS **6001 EGAN DRIVE #100**
 CITY-ST-ZIP **SAVAGE MN 55378**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
 NAME **Amy E. Skillestad**
 STREET ADDRESS **6001 Egan Dr #100**
 CITY-ST-ZIP **Savage MN 55378**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *[Signature]* *3/5/01* *(941) 947-2048*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0636289

CR2E034 (10/00)