

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90512 015 ***150.00

DOCUMENT # S00693

1. Entity Name
ROYAL-TEE GOLF CLUB, INC.



Principal Place of Business
**3434 CLEVELAND AVENUE
FT. MYERS FL 33901**

Mailing Address
**3434 CLEVELAND AVENUE
FT. MYERS FL 33901**



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 **65-0215383**

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

**SLOAN, STEPHEN J.
3434 CLEVELAND AVENUE
FT. MYERS FL 33901**

Name **SLOAN, STEPHEN J**
Street Address (P.O. Box Number is Not Acceptable)
**11460 ROYAL TEE CIRCL
CAPE CORAL FL 33991**
City **FL** Zip Code **33991**

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

Stephen J. Sloan
Signature, typed or printed name of registered agent and title if applicable.

STEPHEN J. SLOAN
(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BALLANTINE, DEAN	
STREET ADDRESS	3434 CLEVELAND AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SLOAN, STEPHEN J.	
STREET ADDRESS	3434 CLEVELAND AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	POVIA, LAWRENCE	
STREET ADDRESS	3434 CLEVELAND AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
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		

TITLE	P/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLANTINE, DEAN	
STREET ADDRESS	11460 ROYAL TEE CIRCL	
CITY-ST-ZIP	CAPE CORAL FL 33991	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

Stephen J. Sloan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

(239)283-5522

Date

Daytime Phone #

CR2E034 (10/02)