

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90053 017 ***150.00



DOCUMENT # S27084

1. Entity Name
SILVER OAKS GOLF AND COUNTRY CLUB, INC.

Principal Place of Business
**36841 CLUBHOUSE DR
ZEPHYRHILLS FL 33541**

Mailing Address
**36841 CLUBHOUSE DR
6
ZEPHYRHILLS FL 33541**

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 **59-3045694**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



20001004

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOI, FUMI
36841 CLUBHOUSE DR
ZEPHYRHILLS FL 33541**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	DOI, KUNIO	
STREET ADDRESS	2-17-21 MUGINO HAKATA KU	
CITY-ST-ZIP	FUKUOKA-SHI, JAPAN	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOI, FUMIHIRO	
STREET ADDRESS	36841 CLUBHOUSE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOI, MANDIE	
STREET ADDRESS	36841 CLUBHOUSE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33441	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: SIGNATURE REQUIRED U/A 1-5-03 8133891711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)