## 2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## **FILED** Jan 29, 2001 8:00 am Secretary of State DOCUMENT # S85174 LEMON BAY GOLF CLUB, INC. 01-29-2001 90157 050 \*\*\*150.00 Principal Place of Business Mailing Address 9600 EAGLE PRESERVE DRIVE 9600 EAGLE PRESERVE DRIVE ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-3643444 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ITTERSAGEN, SCOTT D. Street Address (P.O. Box Number is Not Acceptable) 1861 PLACIDA ROAD SUITE 104 ENGLEWOOD FL 34223 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VP V Delete ☐ Addition TITLE TITLE HILLENBRAND, JOHN NAME NAME 9600 EAGLE PRESERVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 34224** CITY-ST-ZIP □ Change ★ Addition TITLE Delete TITLE 11 to succes MEYER. BASHIE NAME NAME 1 Kimpton Hone STREET ADDRESS STREET ADDRESS 9600 EAGLE PRESERVE DR. 94000 Bigle Preserve QC CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL er VP TITLE ☐ Delete TITLE Change ☐ Addition HAAS, JAMES NAME NAME 9600 EAGLE RESERVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34224** TITLE D G/e(U) GLENM, JAMES ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 9600 EAGLE PRESERVE DR CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Delete TITLE Change ☐ Addition TITLE GUYES, RAYN REYN NAMEGYER NAME Guyer, Reyn 9600 EAGLE PRESERVE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL** ☐ Delete ☐ Change Addition TITLE TITLE AHSWORTH, JOHN NAME NAME Glow Eagle Arene D STREET ADDRESS 9600 EAGLE PRESERVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34224** Englavoro: PL 34224 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