

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90091 008 ***150.00

DOCUMENT # V72049

1. Entity Name
THE COUNTRY CLUB OF OCALA, INC.



Principal Place of Business
**6823 SE 12TH CIR
OCALA FL 33480
US**

Mailing Address
**6823 SE 12TH CIRCLE
OCALA FL 34480
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3154112**

Applied For
Not Applicable

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

**WILSON, ROBERT D
954 EAST SILVER SPRINGS BLVD
OCALA FL 34470**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **P JANK** ☐ Delete
NAME **JANK, MARK**
STREET ADDRESS **1041 SE 69TH PLACE**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **S** ☒ Delete
NAME **BUCY, STEVE**
STREET ADDRESS **6853 SE 12TH TERRACE**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **VP** ☐ Delete
NAME **SAUEY, LARRY**
STREET ADDRESS **2131 SE MILL CREEK CIRCLE**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **T** ☒ Delete
NAME **MCKAUGHLIN, DONNA**
STREET ADDRESS **1365 SE 73RD PLACE**
CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME **WOLLET, FRED**
STREET ADDRESS **6950 SE 12TH TER**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **MCDONIELS, MIKE**
STREET ADDRESS **2236 LAUREL RUN DR**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Date

Daytime Phone #

CR2E034 (10/02)