

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000004135**

1. Entity Name
WINTER SPRINGS GOLF, LLC

FILED

01 MAY -8 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**99 CHERRY HILL ROAD, SUITE 305
PARSIPPANY NJ 07054**

Mailing Address
**99 CHERRY HILL ROAD, SUITE 305
PARSIPPANY NJ 07054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1420 Route 206 N

City & State
Bedminster NJ

4. FEI Number
22-372-1144

Applied For
 Not Applicable

Zip
07921

Country
Somerset

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME Delete
React Golf
STREET ADDRESS **1420 Route 206 N**
CITY-ST-ZIP **Ste 120
Bedminster NJ 07921**

TITLE NAME Delete
Ronald A Schiavone Living Trust
STREET ADDRESS **150 Meadowlands Parkway**
CITY-ST-ZIP **3rd Floor
Secaucus NJ 07094**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
100004367711--0
STREET ADDRESS **-06/06/01--01068--004**
CITY-ST-ZIP *******55.00 *****55.00**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **PSEG Ventures Corp. Representative** Date: **5/1/01** Daytime Phone #: **732 541 0070**