

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000004694**

1. Entity Name
SYNERGY GOLF AND RANGE, L.L.C.

Principal Place of Business Mailing Address
6153 COCOS DRIVE 6153 COCOS DRIVE
FT. MYERS FL 33908 FT. MYERS FL 33908-4620

2. Principal Place of Business 3. Mailing Address
16520 So. Tamiami Trail **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
202 **SAME**
City & State City & State
Fort Myers, Florida **SAME**
Zip Country Zip Country
33908



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0933480** Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COSTELLO, JAMES M ESQ.
2248 FIRST STREET
FT. MYERS FL 33901

7. Name and Address of New Registered Agent
Name **WILLIAM J. THOMPSON**
Street Address (P.O. Box Number is Not Acceptable)
THE SEATECH CENTER
17595 So. TAMAMIAMI TRAIL # 106
City **FORT MYERS** FL Zip Code **33908**

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 *William J. Thompson* **4-27-00**
Signature, typed or printed name of registered agent and title if applicable. (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		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MEM VALE, SONNY 6153 COCOS DRIVE FT. MYERS FL 33908		
	MEM OWENS, THAD 17813 PORT BOCA CIRCLE FT. MYERS FL 33908		
	MEM GILLAM, JULIUS 11668 ONYX CYPRESS CA 90630		
	MEM TRAYLOR, TOM 6153 COCOS DRIVE FT. MYERS FL 33908		
	MEM TRAYLOR, ROSE 6153 COCOS DRIVE FT. MYERS FL 33908		

TITLE	NAME	TITLE	NAME

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: *William J. Thompson* **4-27-00** (941) 791-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CREATED BY: (11/11/00)