

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001226

1. Entity Name
WOOLBRIGHT GOLF, LTD.



FILED
03 MAY -6 PM 7:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
4800 NORTH FEDERAL HIGHWAY, SUITE 108D
C/O WOOLBRIGHT 8 FLORIDA, INC.
BOCA RATON FL 33431

Mailing Address
4800 NORTH FEDERAL HIGHWAY, SUITE 108D
C/O WOOLBRIGHT 8 FLORIDA, INC.
BOCA RATON FL 33431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

41-2067289

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

HOLTON, PETER S
505 SOUTH FLAGLER DRIVE, SUITE 1100
JONES, FOSTER, JOHNSTON & STUBBS, P.A.
WEST PALM BEACH FL 33401

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.

DATE _____

9. Capital Contributions
as Shown on record. \$100,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 100,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000098123
NAME WOOLBRIGHT 8 FLORIDA, INC.
STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY, SUITE 108D
CITY-ST-ZIP BOCA RATON FL 33431

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Michael Fionini 4/28/03 954-499-
3816

CR2E003 (10/02)

00006669 AV