

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18325

1. Entity Name

LINDEN COUNTRY CLUB, LTD.

Principal Place of Business

120 NORTH 6 STREET
FERNANDINA BEACH FL 32034
US

Mailing Address

120 NORTH 6 STREET
FERNANDINA BEACH FL 32034-3814
US

FILED

00 MAR -8 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2440 EARLYSVILLE ROAD

3. Mailing Address

2440 EARLYSVILLE ROAD

City & State

EARLYSVILLE VIRGINIA

City & State

EARLYSVILLE VIRGINIA

Zip

22936

Zip

22936

Country

U.S.

4. FEI Number

59-2463186

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUBIN, EDWARD H
120 NORTH 6 STREET
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name ROBERT K. TOUCHY, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)

403 S.W. 8 ST.

City

Fort Lauderdale

FL

Zip Code

33315

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,366,620.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #
NAME SCHEIDERMAN, SEYMOUR
STREET ADDRESS 19503 50 AVE.
CITY - ST - ZIP FLUSHING NY

DOCUMENT #
NAME LUBIN, BARBARA F.
STREET ADDRESS 8625 BANYAN COURT
CITY - ST - ZIP TAMARAC FL

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

200003179852--1
-03/22/00--01050--016

****526.25 ****526.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

2.15.00

Daytime Phone #

711/315/904-277-4060
After 3:15 PM 993-9811

CR2E003 (9/99)