

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007341 1

**DOCUMENT # A24363**

1. Entity Name  
**GOLF CLUB INVESTMENTS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05 *nf*

Principal Place of Business  
**3300 PGA BLVD. SUITE 805  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**3300 PGA BLVD. SUITE 805  
PALM BEACH GARDENS FL 33410-2811**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2755991</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**STONE, HELEN E.  
ONE JOHN'S ISLAND DRIVE  
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name  
**Stone, Helen E.**

Street Address (P.O. Box Number is Not Acceptable)  
**3300 PGA Blvd, Suite 805**

City  
**Palm Beach Gardens FL** Zip Code  
**33410**

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 \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$8,245,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>STONE, HELEN E. ONE JOHN'S ISLAND DRIVE VERO BEACH FL</b>	STREET ADDRESS CITY - ST - ZIP	<b>3300 PGA Blvd, Suite 805 Palm Beach Gardens, FL 33410</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>4000003250034--6 -05/12/00--01026--023 ***526.25 ***526.25</b>
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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: *Helen E. Stone* **4-17-2000** **561-626-9711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #