

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25402

1. Entity Name

SABAL SPRINGS GOLF & RACQUET CLUB, LTD.

Principal Place of Business

3347 SABAL SPRINGS BLVD.  
N. FT. MYERS FL 33917

Mailing Address

3347 SABAL SPRINGS BLVD.  
N. FT. MYERS FL 33917-2090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0015052

Applied For

Not Applicable

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

LOUMIET, JUAN P ESQ.  
1401 BRICKELL AVE.  
MIAMI FL 33131

Name

PEDRO KARIM JERAI

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

3347 SABAL SPRINGS BLVD.

N. FORT MYERS, FL 33917

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/00

9. Capital Contributions  
as Shown on record.

\$8,502,824.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000077308  
NAME SABAL GOLF OF WEST FLORIDA CORP.  
STREET ADDRESS 242 N.E. 1ST STREET  
CITY - ST - ZIP MIAMI FL 33131

STREET ADDRESS

CITY - ST - ZIP

8000003178188--5  
-03/21/00--01094--004  
\*\*\*535.00 \*\*\*535.00

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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 #

2/25/00

FILED

00 MAR 10 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/93)