

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25402**

1. Entity Name  
**SABAL SPRINGS GOLF & RACQUET CLUB, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB -6 AM 11:45

Principal Place of Business  
**3347 SABAL SPRINGS BLVD.  
N. FT. MYERS FL 33917**

Mailing Address  
**3347 SABAL SPRINGS BLVD.  
N. FT. MYERS FL 33917**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

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

**JEBAL, PEDRO K  
3347 SBAL SPRING BLVD  
N. FORT MYERS FL 33917**

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.

**\$8,502,824.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**2,615,114.47**

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 # **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

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**900011894079**  
**02/06/03 01000 012 \*\*535.00**

CR2E003 (10/02)

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/24/03**

Date

Daytime Phone #