

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A25647**

1. Entity Name

PIRATE'S COVE - MADEIRA BEACH (A MICHIGAN LIMITE

**FILED**

01 JAN 22 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*y*

Principal Place of Business

800 CAMBRIDGE  
SUITE 210  
MIDLAND MI 48642

Mailing Address

800 CAMBRIDGE  
SUITE 210  
MIDLAND MI 48642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1227044

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

LEE, SCOTT W  
2261 MAIN SAIL COVE  
KISSIMMEE FL 32741

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,249,600.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
P12291	ADVENTURE GOLF DEVELOPMENT CORP.	800 CAMBRIDGE, STE. 210	MIDLAND MI	100003576391--0	01/28/01--01046--024 ****526.25 ****526.25

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: *Edward A. Lunt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/01 (517) 631-4420  
Date Daytime Phone #

Edward A. Lunt

CR2E003 (11/00)