

# 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

Principal Place of Business

800 CAMBRIDGE

SUITE 210

MIDLAND MI 48642

Mailing Address

800 CAMBRIDGE

SUITE 210

MIDLAND MI 48642

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

31-1227044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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 # P12291  
NAME ADVENTURE GOLF DEVELOPMENT CORP.  
STREET ADDRESS 800 CAMBRIDGE, STE. 210  
CITY-ST-ZIP MIDLAND MI

STREET ADDRESS

100003576391--0

CITY-ST-ZIP

01/28/01--01046--024  
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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:

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

1/15/01

Date

(517) 631-4420

Daytime Phone #

Edward A. Lunt

CR2E003 (11/00)