

2001 UNIFORM BUSINESS REPORT (UBR)

0018895 AB

DOCUMENT # A27168
 1. Entity Name
CORAL CAY ADVENTURE GOLF, LTD.

FILED
01 APR 27 AM 11:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 P. O. BOX 189 P. O. BOX 189
 123 EAST FRONT STREET 123 EAST FRONT STREET
 TRAVERSE CITY MI 49685 TRAVERSE CITY MI 49685



2. Principal Place of Business 3. Mailing Address
2205 E. TAMiami TRAIL
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
NAPLES, FL
 Zip Country Zip Country
34112 USA

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number **65-0072411**
 Applied For Not Applicable
 5. Certificate of Status Desired \$8:75 Additional Fee Required
6. Name and Address of Current Registered Agent
CORAL CAY ADVENTURE GOLF, LTD.
2205 E. TAMiami TRAIL
NAPLES FL 34112

7. Name and Address of New Registered Agent
 Name **JOSEPH G. KOSTRZEWA**
 Street Address (P.O. Box Number is Not Acceptable)
2205 E. TAMiami TRAIL
 City **NAPLES** FL Zip Code **34112**

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 **JOSEPH G. KOSTRZEWA, CHAIRMAN, G.P. MGT. CORP.** **4/19/01**
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$700,000.00**
 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	
DOCUMENT #	J83929
NAME	F.C. MANAGEMENT CORP.
STREET ADDRESS	123 EAST FRONT STREET
CITY-ST-ZIP	TRAVERSE CITY MI
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004218806--4
CITY-ST-ZIP	05/16/01 01005-021 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **3/15/01** **(231) 326-5563**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER /Date /Daytime Phone #

CRZE003 (11/00)