

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019985 MB

**DOCUMENT # A27168**

1. Entity Name  
**CORAL CAY ADVENTURE GOLF, LTD.**



**FILED**  
03 APR 29 PM 6:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2205 E. TAMiami TRAIL  
NAPLES FL 34112**

Mailing Address  
**P.O. BOX 189  
TRAVERSE CITY MI 49685**



2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
4. FEI Number <b>65-0072411</b>				Applied For	
				Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>					<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>KOSTRZEWA, JOSEPH G</b> <b>2205 E. TAMiami TRAIL</b> <b>NAPLES FL 34112</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$700,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>J83929</b>	STREET ADDRESS	
NAME	<b>F.C. MANAGEMENT CORP.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>123 EAST FRONT STREET</b>		
CITY-ST-ZIP	<b>TRAVERSE CITY MI</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>04/29/03--01082--006 **526.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>900017323479</b>
STREET ADDRESS			
CITY-ST-ZIP			<b>04/29/03--01082--005 **526.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:** *[Signature]* **JOSEPH G. KOSTRZEWA, CHAIRMAN, F.C.MGT. CORP. GEN. PTR** **4/22/03 (231) 929-4464**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE