

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28714**

1. Entity Name  
**MAGNOLIA POINT GOLF & COUNTRY CLUB, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 21 PM 3:10



Principal Place of Business  
**3616 MAGNOLIA POINT BLVD.  
GREEN COVE SPRINGS FL 32043**

Mailing Address  
**3616 MAGNOLIA POINT BLVD.  
GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2962048**

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

**ROYAL, VAN  
3616 MAGNOLIA POINT BLVD.  
GREEN COVE SPRINGS FL 32043**

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

9. Capital Contributions as Shown on record. **\$7,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **L04495**  
NAME **MAGNOLIA POINT GOLF & COUNTRY CLUB, INC.**  
STREET ADDRESS **3616 MAGNOLIA POINT BLVD**  
CITY-ST-ZIP **GREEN COVE SPGS FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

0005678 AT