

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29991

1. Entity Name

ROLLING HILLS INTERNATIONAL COUNTRY CLUB, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33

Principal Place of Business  
3501 W. ROLLING HILLS CIRCLE  
DAVIE FL 33328

Mailing Address  
3501 W. ROLLING HILLS CIRCLE  
DAVIE FL 33328-1944



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

65-0186020

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

ROTH, JOEL L PA  
301 YAMATO RD, SUITE 1200  
NORTHERN TRUST PLAZA  
BOCA RATON FL 33431

Name Carlos Reyes, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
Montero Finizio Velazquez & Reyes, P.A.

200 Southeast Ninth Street

City Ft. Lauderdale, Florida

FL

Zip Code 33316

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

*Carlos Reyes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/31/00

9. Capital Contributions  
as Shown on record.

\$250,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L66952  
NAME ROLLING HILLS INT CC, INC  
STREET ADDRESS 3501 W ROLLING HILLS CIR  
CITY - ST - ZIP DAVIE FL

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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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

4/18/00

Date

954-475-0600

Daytime Phone #

CR2E003 (9/99)