

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # A29991

1. Entity Name

ROLLING HILLS INTERNATIONAL COUNTRY CLUB, LTD.

Principal Place of Business

3501 W. ROLLING HILLS CIRCLE

DAVIE
33328

FL

Mailing Address

3501 W. ROLLING HILLS CIRCLE

DAVIE
33328

FL

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

REYES CARLOS ESQ
MONTERO FINIZIO VELAZQUES & REYES, P.A.
200 SOUTHEAST NINTH STREET
FT LAUDERDALE FL
33316 US

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 **ROBERT MACAULAY, ESQUIRE**

04/30/2001

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. 250,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 250,000.00

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

STREET ADDRESS 3501 W ROLLING HILLS CIR
CITY-ST-ZIP DAVIE FL 33328

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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: **NOBUAKE KASAI**

PSD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)