

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32239**

1. Entity Name

THE EAGLES GOLF CLUB, LTD.

Principal Place of Business

16101 NINE EAGLES DRIVE  
ODESSA FL 33556

Mailing Address

16101 NINE EAGLES DRIVE  
ODESSA FL 33556

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

59-3094249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAUFENBERG, MARY D.  
16101 NINE EALGES DRIVE  
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name

WILLIAM A LAMBOS

Street Address (P.O. Box Number is Not Acceptable)

EXECUTIVE DIRECTOR

16101 NINE EAGLES DR

City

ODESSA

FL

Zip Code

33556

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

*William A Lambos*

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.

\$100.00

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

LAMBOS, CONSTANTINE P.  
16101 NINE EAGLES DR.  
ODESSA FL 33556

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

GIARDINO, LUCIE  
4800 FIELDSTON RD.  
BRONX NY 10471

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

KAUFENBERG, MARY D.  
16101 NINE EAGLES DRIVE  
ODESSA FL 33556

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100004086311--9

-04/27/01--01089--016

\*\*\*\*193.75 \*\*\*\*141.25

FF \$141.25

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:

*William A Lambos* W A LAMBOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/01

Date

813-920-6687

Daytime Phone #

FILED

01 MAY 18 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE