

2002 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

FILED
02 MAY -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAJ



DUE BY MAY 1, 2002

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

7. Name and Address of New Registered Agent

LAMBOS, WILLIAM A

16101 NINE EALGES DRIVE

ODESSA FL 33556

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

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	
NAME	LAMBOS, CONSTANTINE P.
STREET ADDRESS	16101 NINE EAGLES DR.
CITY-ST-ZIP	ODESSA FL 33556
DOCUMENT #	
NAME	LAMBOS, THEODORA
STREET ADDRESS	16101 NINE EAGLES DRIVE
CITY-ST-ZIP	ODESSA FL 33556
DOCUMENT #	
NAME	KAUFENBERG, MARY D.
STREET ADDRESS	16101 NINE EAGLES DRIVE
CITY-ST-ZIP	ODESSA FL 33556
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
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****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:

Constantine P. Lambos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02

813 920 6687

Date

Daytime Phone #

CR2E003 (9/01)