

# 2002 UNIFORM BUSINESS REPORT (UBR)

JUL2900 A1

**DOCUMENT # A32239**

1. Entity Name  
**THE EAGLES GOLF CLUB, LTD.**

**FILED**

**02 MAY -1 AM 8:58**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Handwritten initials*



Principal Place of Business <b>16101 NINE EAGLES DRIVE ODESSA FL 33556</b>	Mailing Address <b>16101 NINE EAGLES DRIVE ODESSA FL 33556</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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*Handwritten 'S1'*

**DUE BY MAY 1, 2002**

4. FEI Number <b>59-3094249</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 STREET ADDRESS CITY-ST-ZIP	<b>LAMBOS, CONSTANTINE P. 16101 NINE EAGLES DR. ODESSA FL 33556</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>LAMBOS, THEODORA 16101 NINE EAGLES DRIVE ODESSA FL 33556</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>KAUFENBERG, MARY D. 16101 NINE EAGLES DRIVE ODESSA FL 33556</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

*Handwritten:* 900005600889--0  
-05/24/02--01005--006  
\*\*\*\*193.75 \*\*\*\*141.25  
FF \$141.25

CR2E003 (9/01)

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* **4/29/02** **813 920 6687**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #