

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006729 AT

DOCUMENT # **A92000000175**

1. Entity Name

**SUMMERBROOKE GOLF COURSE LIMITED PARTNERSHIP**

**FILED**

**02 JUN 17 PM 4:43**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



Principal Place of Business

C/O EUGENE F. RYER  
5430 LINKS LANE  
ZEPHYRHILLS FL 33541

Mailing Address

C/O EUGENE F. RYER  
7505 PRESERVATION ROAD  
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3157428**

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

**RYER, EUGENE F**  
**7505 PRESERVATION ROAD**  
**TALLAHASSEE FL 32312**

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

*E. Ryer*

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

**5-20-02**

DATE

9. Capital Contributions  
as Shown on record.

**\$2,000,000.00**

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 # **S93958**  
NAME **SUMMERBROOKE GOLF COURSE, INC.**  
STREET ADDRESS **5430 LINKS LANE**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

STREET ADDRESS

CITY-ST-ZIP

**700005890217--5**  
**-06/20/02--01068--006**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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STREET ADDRESS

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:

*E. Ryer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**SIGNATURE REQUIRED**

**6/14/02**

Date

**813-788-7888**

Daytime Phone #

CR2E003 (9/01)