

2002 UNIFORM BUSINESS REPORT (UBR)

0006344 AT

DOCUMENT # A94000000860

1. Entity Name
MCCUMBER GOLF II, LTD.

LE

FILED

02 APR 24 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
7502 PLANTATION BAY DRIVE
JACKSONVILLE FL 32244

Mailing Address
7502 PLANTATION BAY DRIVE
JACKSONVILLE FL 32244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3254539

Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WALTERS, MICHAEL A
50 NORTH LAURA STREET, STE. 2200
JACKSONVILLE FL 32201

7. Name and Address of New Registered Agent

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 _____ **DATE** _____

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

9. Capital Contributions as Shown on record. \$600,000.00

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

DOCUMENT #	P94000045560
NAME	MCCUMBER GOLF II, INC.
STREET ADDRESS	2301 PARK ST., SUITE 404
CITY-ST-ZIP	ORANGE PARK FL 32073
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	7502 Plantation Bay Dr
CITY-ST-ZIP	Jacksonville FL 32244
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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: **JAMES L. McCumber** 4-19-02 904-778-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)