

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014506
AT

DOCUMENT # **A96000000856**

1. Entity Name

GOLF AMERICA PROPERTIES, LTD.

02 APR 25 PM 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**304B 6TH STREET SOUTHEAST
WINTER HAVEN FL 33803**

Mailing Address

**P.O. BOX 149
WINTER HAVEN FL 33882-0149**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3376782

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOLBROOK, H. LEON
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE FL 32202**

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.

\$750,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

500,000.00

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
STREET ADDRESS
CITY-ST-ZIP

**QUINN, RON W
304B 6TH STREET SOUTHEAST
WINTER HAVEN FL 33803**

STREET ADDRESS
CITY-ST-ZIP

**880005451528--5
-05/03/02--01110--026
*****535.00 *****535.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**QUINN, MARY LOU
304B 6TH STREET SOUTHEAST
WINTER HAVEN FL 33803**

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)(l), 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-2302

863-244-1275

CR2E003 (9/01)