

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014780 AT

DOCUMENT # A96000000856

1. Entity Name
GOLF AMERICA PROPERTIES, LTD.



FILED

03 APR 11 PM 4:08

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.

City & State

City & State

4. FEI Number 59-3376782

Applied For
Not Applicable

DUE BY MAY 1, 2003

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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 QUINN, RON W
STREET ADDRESS 304B 6TH STREET SOUTHEAST
CITY-ST-ZIP WINTER HAVEN FL 33803

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME QUINN, MARY LOU
STREET ADDRESS 304B 6TH STREET SOUTHEAST
CITY-ST-ZIP WINTER HAVEN FL 33803

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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.

Ron W. Quinn

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-4-03

Date

863-2141225

Daytime Phone #

CR2E003 (10/02)