

2001 UNIFORM BUSINESS REPORT (UBR)

0014235 AF

DOCUMENT # A96000000866

1. Entity Name
PINE RIDGE GOLF CENTER, LTD.

FILED

01 MAR 12 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % JON EBERT, 5270 TAMARIND RIDGE DR, NAPLES FL 34119
Mailing Address: C/O RICHARD T. COTTER, P.A., 6100 ESTERO BLVD., FORT MYERS BEACH FL 33931

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State

4. FEI Number: 65-0634108
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: RICHARD T. COTTER, P.A., 6100 ESTERO BLVD., FORT MYERS BEACH FL 33931
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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: \$750,000.00
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 #	P95000048397	STREET ADDRESS	
NAME	SOUTHWEST FLORIDA GOLF RANGE DEV., INC.	CITY-ST-ZIP	
STREET ADDRESS	5270 TAMARIND RIDGE DR	STREET ADDRESS	700003851227--6
CITY-ST-ZIP	NAPLES FL 34119	CITY-ST-ZIP	-03/13/01--01108--004
DOCUMENT #		CITY-ST-ZIP	****526.25 ****526.25
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: JON EBERT 2/15/01 (941)649-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)