

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000045**

1. Entity Name

CUMBERLAND PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10: 02

Principal Place of Business

14800 CUMBERLAND DRIVE
DELRAY BEACH FL 33446

Mailing Address

14800 CUMBERLAND DRIVE
DELRAY BEACH FL 33446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0717823

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

DRAKE M. BATCHELDER, TRIPP, SCOTT, CONKLIN
110 S.E. 6TH STREET
FORT LAUDERDALE FL 33301

Name

Drake Batchelder

Street Address (P.O. Box Number is Not Acceptable)

350 E. Las Olas Blvd

Suit 1600

City

Ft Lauderdale

FL

Zip Code

33301

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

Drake M Batchelder

9/5/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # **P97000001014**
NAME **CUMBERLAND GOLF, INC.**
STREET ADDRESS **1400 CUMBERLAND DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

STREET ADDRESS

CITY-ST-ZIP

3000003391993--4

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-7-00 861-499-2424

Date

Daytime Phone #

CR2E003 (5/00)