

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000814**

1. Entity Name

GOLF CLUB OF THE EVERGLADES, LTD.

Principal Place of Business

**C/O QUINBY REALTY
3775 AIRPORT-PULLING ROAD
NAPLES FL 34105**

Mailing Address

**C/O QUINBY REALTY
3775 AIRPORT-PULLING ROAD
NAPLES FL 34105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 JUN -4 PM 12:22

SECRETARY OF STATE
TALL

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823982

Applied For

Not Applicable

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

**VALDES-GAULI CORPORATE SERVICES, INC.
777 S FLAGLER DRIVE, SUITE 500E
WEST PALM BEACH FL 33401**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$8,000,000.00

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 # **P98000027628**
NAME **EVERGLADES GOLF CORP.**
STREET ADDRESS **3775 AIRPORT-PULLING ROAD**
CITY-ST-ZIP **NAPLES FL 34105**

STREET ADDRESS

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CITY-ST-ZIP

14. I, **[Signature]**, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

941-261-1146

Date

Daytime Phone #

0010789 AF

CR2E003 (11/00)