

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000814**

1. Entity Name

GOLF CLUB OF THE EVERGLADES, LTD.

FILED

02 JAN 28 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2002

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

CLINT HOLLAND

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

3765 AIRPORT RD

City

NAPLES

FL

Zip Code

34105

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

Clint C. Holland

CLINT C. HOLLAND, CONTROLLER

1/22/02

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

CITY-ST-ZIP

400004880524--2

02/05/02 01050 010

*******526.25 *****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)