

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000814

1. Entity Name
GOLF CLUB OF THE EVERGLADES, LTD.



FILED
03 JAN 15 AM 10:57
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

4. FEI Number 65-0823982

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

HOLLAND, CLINT
3765 AIRPORT RD
NAPLES FL 34105

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. \$8,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 8,000,000.00

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

STREET ADDRESS

CITY-ST-ZIP

200010099822
01/15/03 01000-002 **528.25

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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

1/7/03

Daytime Phone #

0015240 AT

CR2E003 (10/02)