

2001 UNIFORM BUSINESS REPORT (UBR)

0006860 AF

DOCUMENT # **A98000002405**

1. Entity Name

LAKE MARION GOLF ESTATES, LIMITED

FILED

Principal Place of Business

**15342 SW 17TH STREET
DAVIE FL 33326**

Mailing Address

**15342 SW 17TH STREET
DAVIE FL 33326**

01 APR 30 PM 12:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11860 W State Road 84

3. Mailing Address

11860 W State Road 84

Suite, Apt. #, etc.

B-15

Suite, Apt. #, etc.

B-15

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

65-0879474

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBBINS, CHARLES D
KATZ, BARRON, SQUITERO, FAUST & BERMAN
2699 S. BAYSHORE DR.
MIAMI FL 33133**

7. Name and Address of New Registered Agent

**Charles Robbins ESQ.
5214 La Gorce Drive
Miami Beach, FL 33140-2106**

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$650,000.00

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

DOCUMENT # **P95000095040**
NAME **WATERWAYS DEVELOPMENT, INC.**
STREET ADDRESS **15342 SW 17TH STREET**
CITY-ST-ZIP **DAVIE FL 33326**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **11860 West State Road 84**
CITY-ST-ZIP **Suite B-15
Davie, Florida 33325**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

400004218254-3

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**05/15/01 01120 021
***\$35.00 ***\$35.00**

DOCUMENT #
NAME
STREET ADDRESS
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)