

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0018133  
AB

DOCUMENT # **A98000002549**

1. Entity Name  
**LAKE ORLANDO GOLF CLUB LIMITED PARTNERSHIP**

00 APR -5 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/19*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**22 SUNNINGDALE DRIVE  
GROSSE POINTE SHORES MI 48236**

Mailing Address  
**22 SUNNINGDALE DRIVE  
GROSSE POINTE SHORES MI 48236-1662**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3544927**  
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  
**BRUNSON, JOHN M ESQ.  
1474 JORDAN HILLS COURT  
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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		
DOCUMENT #	<b>P98000092035</b>	
NAME	<b>LAKE ORLANDO GOLF CLUB, INC.</b>	
STREET ADDRESS	<b>22 SUNNINGDALE DRIVE</b>	
CITY - ST - ZIP	<b>GROSSE POINTE SHORES MI 48236</b>	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDRESS CHANGES ONLY		
STREET ADDRESS		
CITY - ST - ZIP	<b>500003217275--5</b>	
	<b>-04/21/00--01002--017</b>	
	<b>****141.25 ****141.25</b>	
STREET ADDRESS		
CITY - ST - ZIP		
STREET ADDRESS		
CITY - ST - ZIP		
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: *John M Brunson* **SIGNATURE REQUIRED** **3/31/00 (313) 345-478**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)