

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002562

1. Entity Name

GOLDEN BEAR HOLDINGS, LTD.

FILED
00 MAY 10 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

11780 U.S. HIGHWAY #1, SUITE 400
 NORTH PALM BEACH FL 33408

Mailing Address

11780 U.S. HIGHWAY #1, SUITE 400
 NORTH PALM BEACH FL 33408

2. Principal Place of Business

11780 U.S. Highway One

3. Mailing Address

11780 U.S. Highway One

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

65-0916109

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
 11780 U.S. HIGHWAY #1
 SUITE 300
 NORTH PALM BEACH FL 33408

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 _____

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.

\$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 #	NICKLAUS, JACK W 11780 U.S. HIGHWAY #1, SUITE 300 NORTH PALM BEACH FL 33408
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	600003293496--4
CITY - ST - ZIP	06/16/00 01016-021 ***141.25 ***141.25
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

Jack W. Nicklaus, General Partner

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-00

Date

561 627-8300

Daytime Phone #

CP: 013 (6-15-11)