

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012698 AT

DOCUMENT # A99000000695

1. Entity Name  
SOUTHERN PINES GOLF CENTER, LTD.

FILED

2003 JUN 13 PM 3:41

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
16169 SOUTHERN BOULEVARD  
LOXAHATCHEE FL 33470Mailing Address  
16169 SOUTHERN BOULEVARD  
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0914049

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CRANE, ROBERT L ESQ.  
BOOSE, CASEY, CIKLIN, ET AL  
515 N. FLAGLER DR., SUITE 1800  
WEST PALM BEACH FL 33401

## 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. 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. \$99,000.0010. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # P99000037761  
NAME SOUTHERN PINES GOLF CENTER, INC.  
STREET ADDRESS 16169 SOUTHERN BOULEVARD  
CITY-ST-ZIP LOXAHATCHEE FL 33470

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
STEVE GRUBER

4/28/03

581-7905270

Date

Daytime Phone #

CR2E003 (10/02)