

2002 UNIFORM BUSINESS REPORT (UBR)

0014235 AT

DOCUMENT # **A99000001265**

1. Entity Name

**SCHALAMAR CREEK GOLF & COUNTRY CLUB COMMUNITY, L
TD.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 12 PM 2:05

Principal Place of Business Mailing Address
**4500 U.S. HIGHWAY 92 EAST, SUITE 1030 4500 U.S. HIGHWAY 92 EAST, SUITE 1030
LAKELAND FL 33801 LAKELAND FL 33801**



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002
4. FEI Number **59-2803264** Applied For
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KNAPP, RANDALL L
4500 U.S. HIGHWAY 92 EAST, SUITE 1030
LAKELAND FL 33801**

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.

DATE

9. Capital Contributions as Shown on record. **\$10,750,000.00**

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 # **P99000066064**
NAME **SCHALAMAR GP, INC.**
STREET ADDRESS **4500 U.S. HIGHWAY 92 EAST, SUITE 1030**
CITY-ST-ZIP **LAKELAND FL 33801**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **300004949523--4**
CITY-ST-ZIP **-02/18/02--01071--016**
******526.25 ****526.25**

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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 (9/01)