

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B98000000435

1. Entity Name
TIBURON GOLF VENTURES LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 10: 29

Principal Place of Business
**24301 WALDEN CENTER DRIVE #300
BONITA SPRINGS FL 34134**

Mailing Address
**24301 WALDEN CENTER DRIVE #300
BONITA SPRINGS FL 34134-4920**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE **MJH**

Zip Country Zip Country

4. FEI Number **59-3520724**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE #300
BONITA SPRINGS FL 34134**

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. **\$26,981,452.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$30,851,120**

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 #	F98000003366
NAME	TIBURON GOLF VENTURES, INC.
STREET ADDRESS	24301 WALDEN CENTER DRIVE #300
CITY - ST - ZIP	BONITA SPRINGS FL 34134
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	FF \$526.25
CITY - ST - ZIP	
STREET ADDRESS	788883227627-4
CITY - ST - ZIP	-04/28/00--01008--003
	***526.25 ***526.25
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: Vivien Hastings, Vice President
SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/00 (941) 947-2600
Date Daytime Phone #

CR2E003 (9/99)