

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004104 AV

DOCUMENT # B99000000170

1. Entity Name

AGES GOVERNMENT GROUP, L.P.

FILED

02 APR 30 PM 4: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

645 PARK OF COMMERCE WAY  
BOCA RATON FL 33487

Mailing Address

645 PARK OF COMMERCE WAY  
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0828144

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

7. Name and Address of New Registered Agent

HARTNEY, KEVIN P

645 PARK OF COMMERCE WAY  
BOCA RATON FL 33487

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.

\$9,999.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F99000002136  
NAME AGG HOLDING CORP.  
STREET ADDRESS 645 PARK OF COMMERCE WAY  
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000005358300--1  
-04/26/02--01006--020  
\*\*\*\*308.75 \*\*\*\*150.00

FF \$158.75

CR2E003 (9/01)

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 #

DAVIS LAKE GOLF ESTATES UNIT 5  
OWNERS ASSOC.  
2940 South Circle Pt.  
Inverness, FL. 34450

In care of  
Cooper  
2896 South Circle Pt.  
Inverness, FL. 34450

April 15, 2002

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: 2002 Uniform Business Report

DAVIS LAKE GOLF ESTATES UNIT 5 HOMEOWNERS ASSOC, FEIN 592949663

As secretary for subject owners association, I am required to file all tax returns. I have not received the required form but have altered last year's return to file the required information with the State, and have enclosed the Association's check in the required amount of \$61.25.

Please check the records of this non-profit corporation to assure the correct mailing address. The officers and directors of this corporation remain the same as last year..

Kathleen R. Cooper, Secretary-Treasurer  
2896 South Circle Pt.  
Inverness, FL 34450

Thank you. I can be reached by phone at (352) 860-2438 or Fax (352) 860-0970.

Very truly yours,



Kathleen R. Cooper, Secretary

Enclosure