

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000477

1. Entity Name

FRANKLIN GOLF MANAGEMENT, LLC

FILED

01 APR 23 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7280 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON FL 33433

7280 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

3. Mailing Address

6401 CONGRESS AVE
SUITE 310 (Congress)
270

City & State

BOCA RATON, FL

Zip

33487

Country

PALM BEACH

4. FEI Number

65-0985869

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORNDEAN,
7280 WEST PALMETTO PARK ROAD
SUITE 310
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name: HORN, DEAN
Street Address (P.O. Box Number is Not Acceptable): 6401 Congress Ave Ste 270
City: BOCA RATON, FL Zip Code: 33487

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.

N/A ADDRESS CHANGE ONLY

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	D. CRAIG VALASSIS	
STREET ADDRESS	6401 CONGRESS AVE STE 270	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	DEAN B. HORN	
STREET ADDRESS	6401 CONGRESS AVE STE 270	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VICE PRESIDENT - FINANCE	<input type="checkbox"/> Delete
NAME	LESLIE SLOBOTZKY	
STREET ADDRESS	6401 CONGRESS AVE STE 270	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. CRAIG VALASSIS	
STREET ADDRESS	6401 CONGRESS AVE STE 270	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN B. HORN	
STREET ADDRESS	6401 CONGRESS AVE STE 270	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE SLOBOTZKY	
STREET ADDRESS	6401 CONGRESS AVE STE 270	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*****55.00 *****55.00

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)