

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008254

1. Entity Name

Wellington Golf Group LLC

Principal Place of Business

Mailing Address

FILED

01 MAR 22 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

1900 Aero Club Dr

1900 Aero Club Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Wellington FL

Wellington FL

4. FEI Number

65-1026060

Applied For

Not Applicable

Zip

Country

Zip

Country

33414

Palm Beach

33414

Palm Beach

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ken Wurtenberger
350 E. LAS OLAS BLVD #1700
FT LAUDERDALE, FL 33301

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.

(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

10. ADDITIONS/CHANGES

TITLE manager ☐ Delete
NAME Louis Bartolletti
STREET ADDRESS 350 E. LAS OLAS BLVD
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE manager ☒ Change ☐ Addition
NAME Louis Bartolletti
STREET ADDRESS 1900 Aero Club Dr
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE manager ☐ Change ☒ Addition
NAME Paul Scott
STREET ADDRESS 1900 Aero Club Dr
CITY-ST-ZIP Wellington FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

3/20/01 561-795 3501