

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90242 013 \*\*\*\*50.00

**DOCUMENT # L00000009479**

1. Entity Name

**SOUTHERN MARSH GOLF CLUB, L.C.**

Principal Place of Business

**9325 COLLIER BLVD.  
 NAPLES FL 34114**

Mailing Address

**9325 COLLIER BLVD.  
 NAPLES FL 34114**

2. Principal Place of Business

3. Mailing Address

**410 29th ST. NW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Naples, FL**

Zip

Country

Zip

Country

**34120**

**Collier**

4. FEI Number

**59-3689254**

Applied For

Not Applicable

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

**CARDILLO, JOHN P ESQ.  
 3550 E. TAMiami TRAIL  
 NAPLES FL 34112**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BENTON, CHARLES V 9325 COLLIER BLVD. NAPLES FL 34114</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**Charles V. Benton 4/15/02 (239) 450-5503**

Date

Daytime Phone #

CR2E083 (9/01)