

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L00000009735

1. Entity Name
SMYERS GOLF, LLC

01 MAY -1 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2622 WEST MEMORIAL BOULEVARD
LAKELAND FL 33815-1098

Mailing Address
2622 WEST MEMORIAL BOULEVARD
LAKELAND FL 33815-1098



2. Principal Place of Business
1401 CHAMPIONS DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARION, ILLINOIS

City & State

4. FEI Number
59-3689034

Applied For
Not Applicable

Zip
62959

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WOLFE, RANDOLPH J
ONE TAMPA CITY CENTER
201 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

7. Name and Address of New Registered Agent
Name
DUVENAGE, JULIE D.
Street Address (P.O. Box Number is Not Acceptable)
1905 S. FLORIDA AVENUE
City LAKELAND FL Zip Code 33803

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 DUVENAGE, JULIE D. 2/26/01
Signature, type or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

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

500004275765--3
-05/22/01--01032--009
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MASTERS INTERNATIONAL, INC 1905 S. FLORIDA AVENUE LAKELAND, FL 33803	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER STEVEN R. SMYERS 2622 WEST MEMORIAL BLVD. LAKELAND, FL 33815-1098	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: STEPHANUS J. DUVENAGE 2/26/01 863-738-1490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)