

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90372 048 ****50.00

DOCUMENT # L00000009735

1. Entity Name

SMYERS GOLF, LLC

Principal Place of Business

**1401 CHAMPIONS DR.
 MARION IL 62959**

Mailing Address

**1401 CHAMPIONS DR.
 MARION IL 62959**

2. Principal Place of Business

1401 CHAMPIONS DR.

3. Mailing Address

P.O. Box 1902

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARION, IL

City & State

MARION, IL

Zip

62959

Country

USA

Zip

62959

Country

USA

4. FEI Number

59-3689034

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DUVENAGE, JULIE D
 1905 S. FLORIDA AVE.
 LAKELAND FL 33803**

7. Name and Address of New Registered Agent

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

TITLE **MEM** ☐ Delete
 NAME **MASTERS INTERNATIONAL INC.**
 STREET ADDRESS **1905 S. FLORIDA AVE.**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **MGRM** ☐ Delete
 NAME **SMYERS, STEVEN R**
 STREET ADDRESS **2622 WEST MEMORIAL BLVD.**
 CITY-ST-ZIP **LAKELAND FL 33815-1098**

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

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

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☒ Addition
 NAME **MEM**
 STREET ADDRESS **DUVENAGE, STEPHANUS J.**
 CITY-ST-ZIP **1905 S. FLORIDA AVE.
 LAKELAND FL 33803**

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

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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: *Steven R. Smyers* REQUIRED

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

4/21/02

Date

863-683-6100

Daytime Phone #

CR2E083 (9/01)