

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0023104 AF

DOCUMENT # L00000009819

1. Entity Name

EVERGLADE GOLF, LC

01 MAY -3 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3534 MOOG ROAD
HOLIDAY FL 34691

Mailing Address

3534 MOOG ROAD
HOLIDAY FL 34691



2. Principal Place of Business

3534 Moog Rd

3. Mailing Address

3534 Moog Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Holiday, FL 34691

Holiday, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

34691

Country

USA

Zip

34691

Country

USA

4. FEI Number

59-3678569

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADEIRA, CHRISTOPHER J
3534 MOOG ROAD
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600004326016--9

-05/29/01-01134-013

*****50.00 *****50.00

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

Christopher J. Madeira

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

(NOT: Registered Agent signature required when reinstating)

4/24/01

DATE

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

600004326016--9

--05/29/01--01134--012

*****50.00 XXXX 50.00

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
General Partner
Christopher J. Madeira
3534 Moog Rd
Holiday, FL 34691

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
General Partner
Michael Serio
7712 40th Terrace North
St. Petersburg, FL 33709

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

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

TITLE ☐ Change ☐ Addition
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

Christopher J. Madeira

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

4/24/01

Date

(727) 549-7217

Daytime Phone #

CR2E083 (11/00)