

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
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 Mailing Address  
3534 MOOG ROAD 3534 MOOG ROAD  
HOLIDAY FL 34691 HOLIDAY FL 34691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
3534 Moog Rd 3534 Moog Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Holiday, FL 34691 Holiday, FL.  
City & State City & State

4. FEI Number Applied For  
59-3678569 Not Applicable

Zip Country Zip Country  
34691 USA 34691 USA  
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  
MADEIRA, CHRISTOPHER J  
3534 MOOG ROAD  
HOLIDAY FL 34691  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
600004326016-9  
-05/29/01-01134-012  
\*\*\*\*\*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* 4/24/01  
Signature, typed 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

600004326016--9  
--05/29/01--01134--012  
\*\*\*\*\*50.00 XXXX 50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Partner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Christopher J. Madeira 3534 Moog Rd Holiday, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Partner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Serio 7712 40th Terrace North St. Petersburg, FL 33709
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
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
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
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

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* 4/24/01 (727) 549-7217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)