

2001 UNIFORM BUSINESS REPORT (UBR)

0012503 AF

DOCUMENT # L00000011058

1. Entity Name

SUNRISE GOLF, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 AM 10:24

Principal Place of Business

Mailing Address

1700 SOUTH OCEAN LANE
FORT LAUDERDALE FL 33316

1700 SOUTH OCEAN LANE
FORT LAUDERDALE FL 33316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7400 NW 24TH PLACE

Suite, Apt. #, etc.

3. Mailing Address

7400 NW 24TH PLACE

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-1044639

Applied For

Not Applicable

Zip

33313-2070

Country

USA

Zip

33313-2070

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURDOCH, ROBERT E
790 EAST BROWARD BLVD., STE 400
FORT LAUDERDALE FL 33301

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

9. MANAGING MEMBERS/MEMBERS

TITLE: CEO
NAME: John Francis
STREET ADDRESS: 1809 SE 25th Ave.
CITY-ST-ZIP: Ft. Lauderdale, FL ☐ Delete

TITLE: MEMBER
NAME: Walter L. Banks
STREET ADDRESS: 1700 S. Ocean Lane
CITY-ST-ZIP: Ft. Lauderdale, FL 33316 ☐ Delete

TITLE: MEMBER
NAME: Walter Lee Banks, Jr.
STREET ADDRESS: 1700 S. Ocean Lane
CITY-ST-ZIP: Ft. Lauderdale, FL 33316 ☐ Delete

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

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

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

10. ADDITIONS/CHANGES

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

TITLE:
NAME:
STREET ADDRESS: 400003930874
CITY-ST-ZIP: -03/30/01--01029--019 ☐ Change ☐ Addition
*****50.00 *****50.00

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

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

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

TITLE:
NAME:
STREET ADDRESS:
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:

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

JOHN F. FRANCIS

3/17/01

Date

954-742-4333

Daytime Phone #

CR2E083 (11/00)