

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000014980**1. Entity Name
GATOR TRACE COUNTRY CLUB, LC

Principal Place of Business 4302 GATOR TRACE DR. FORT PIERCE 34982	FL	Mailing Address 4302 GATOR TRACE DR. FORT PIERCE 34982	FL
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1061439Applied For
Not Applicable

Zip Country

Zip Country

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

HUGHES LANTIE
4302 GATOR TRACE DR.FORT PIERCE FL
34982 USName
HUGHES LANTIEStreet Address (P.O. Box Number is Not Acceptable)
4215 GATOR TRACE AVENUE 8-HCity FL Zip Code
FORT PIERCE 34982

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 _____ DATE **03/21/2001**

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEFFLER REALTY COMPANY 9740 CANFIELD-AKRON RD CANFIELD OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEFFLER REALTY COMPANY 9740 CANFIELD-AKRON RD CANFIELD OH 44406	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATOR TRACE MANAGEMENT COMPANY INC 4302 GATOR TRACE DRIVE FORT PIERCE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GATOR TRACE MANAGEMENT COMPANY INC 4302 GATOR TRACE DRIVE FORT PIERCE FL 34982	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: Lantie Hughes

PRES 03/21/2001

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

Date

Daytime Phone #

CR2E083 (11/00)