

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90313 005 ****50.00

DOCUMENT # L01000000421

1. Entity Name

NICKLAUS GOLF CENTERS, LLC



Principal Place of Business

11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH FL 33408

Mailing Address

11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

2538 Golden Bear Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

City & State

Carrollton Texas

Zip

Country

Zip

Country

75006

USA

4. FEI Number

65-1090469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY #1
SUITE 400
NORTH PALM BEACH FL 33408

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM GOLDEN BEAR GOLF, INC.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11780 US HWY ONE, STE 400	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE NAME	MGRM Scott Adcock	<input type="checkbox"/> Delete
STREET ADDRESS	Carrollton TX 75006	
CITY-ST-ZIP	Carrollton TX 75006	
TITLE NAME	MGRM Tom Stevenson	<input type="checkbox"/> Delete
STREET ADDRESS	Carrollton TX 75006	
CITY-ST-ZIP	Carrollton TX 75006	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	MGRM Scott Adcock	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2538 Golden Bear Drive #201	
CITY-ST-ZIP	Carrollton, TX 75006	
TITLE NAME	MGRM Tom Stevenson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2538 Golden Bear Drive #201	
CITY-ST-ZIP	Carrollton, TX 75006	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Scott Adcock

1/16/03 972-243-4084

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

Date Daytime Phone #

CR2E083 (10/02)