

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90005 032 \*\*\*\*50.00

0043035

**DOCUMENT # L01000009703**

1. Entity Name

**GEMSTONE GOLF, LLC**



Principal Place of Business

**10568 SW WHOOPING CRANE WAY  
PALM CITY FL 34990-7805**

Mailing Address

**10568 SW WHOOPING CRANE WAY  
PALM CITY FL 34990-7805**

2. Principal Place of Business

**10664 SW Whooping Crane Way**

3. Mailing Address

**10664 SW Whooping Crane Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm City FL**

City & State

**Palm City FL**

Zip

**34990**

Country

**U.S.**

Zip

**34990**

Country

**U.S.**

4. FEI Number **65-1134824**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

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

**3/11/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **OSLECKI, DAVID**  
STREET ADDRESS **333 RIVER RD**  
CITY-ST-ZIP **PATCHOGUE NY 11772**

TITLE **MGRM** ☐ Delete  
NAME **OSIECKI, DAVID**  
STREET ADDRESS **333 RIVER RD**  
CITY-ST-ZIP **PATCHOGUE NY 11772**

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

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

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

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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:

**SIGNATURE REQUIRED**

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

**3/11/03**

Date

**772-597-4500**

Daytime Phone #

**X21**

CR2E083 (10/02)