

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90455 050 \*\*\*\*50.00

**DOCUMENT # L01000013950**

1. Entity Name  
**THE GOLF PLACE BAR AND GRILL, LLC**

Principal Place of Business

**501-105 GOLF TEE LANE  
 LONGWOOD FL 32779**

Mailing Address

**501-105 GOLF TEE LANE  
 LONGWOOD FL 32779**

2. Principal Place of Business

**292 W. CENTRAL PARKWAY**

Suite, Apt. #, etc.

3. Mailing Address

**292 W. Central Parkway**

Suite, Apt. #, etc.

City & State

**AGAMONTE SPRINGS, FL**

Zip

**32714**

Country

**Seminole**

City & State

**AGAMONTE SPRINGS, FL**

Zip

**32714**

Country

**Seminole**

4. FEI Number

**59-3720987**

Applied For

Not Applicable

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

**KATZ, LAWRENCE H  
 341 N. MAITLAND AVENUE, SUITE 120  
 MAITLAND FL 32751**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MEMBER**  
 STREET ADDRESS **SHIRLEY B. DEAS**  
 CITY-ST-ZIP **292 W CENTRAL PARKWAY**  
**AGAMONTE SPRINGS, FL 32714**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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

**6/19/02 (407) 865-7529**

Date

Daytime Phone #

CR2E083 (9/01)