

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

06-13-2003 90006 006 ****50.00

DOCUMENT # L01000018914

1. Entity Name

~~HERMES GOLF MANAGEMENT, LLC~~

The Ravines, LLC



Principal Place of Business

4457 PRO AM AVE. EAST
BRADENTON FL 34203

Mailing Address

4457 PRO AM AVE. EAST
BRADENTON FL 34203

2. Principal Place of Business

2932 RAVINES Rd

3. Mailing Address

2932 RAVINES Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, FLA

City & State

Middleburg, FLA

Zip

32068

Country

Zip

32068

Country

4. FEI Number 65-1158452

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

HAMILTON, THEODORE J ESQ.
2625 PARK TOWER
400 N. TAMPA STREET
TAMPA FL 33602

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	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KAHN, MICHAEL A	
STREET ADDRESS	4457 PRO AM AVE. EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MATTHEWS, COLIN	
STREET ADDRESS	4457 PRO AM AVE. EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>2932 RAVINES Rd.</i>	
CITY-ST-ZIP	<i>Middleburg, FLA 32068</i>	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Hiro-Sado</i>	
STREET ADDRESS	<i>2932 RAVINES Rd.</i>	
CITY-ST-ZIP	<i>Middleburg, FLA 32068</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRES 1/03 (904) 282-1111

CR2E083 (10/02)

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