

FILED
May 24, 2002 8:00 am
Secretary of State

03-05-2002 90005 050 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020706

1. Entity Name

GOLF AROUND, LC

Principal Place of Business

3652 BECONTREE PLACE
OVIEDO FL 32765

Mailing Address

3652 BECONTREE PLACE
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0062364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

DO NOT WRITE IN THIS SPACE



86091

TURNER, ELSIE C ESQ.
201 PARK PLACE, SUITE 204
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent
Name Robert Porter

Street Address (P.O. Box Number is Not Acceptable)

3652 Becontree Pl.

Oviedo, FL

32765

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 resigning)

4/29/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM PORTER, KIMBERLY ☒ Delete
STREET ADDRESS 3652 BECONTREE PLACE
CITY-ST-ZIP OVIEDO FL 32765

TITLE NAME MGRM PORTER, ROBERT ☐ Delete
STREET ADDRESS 3652 BECONTREE PLACE
CITY-ST-ZIP OVIEDO FL 32765

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 #

CP2ED83 (9/01)