

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

04-17-2002 90025 027 ****50.00

DOCUMENT # L01000022786

1. Entity Name

PELICAN POINTE CLUB LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

499 Derbyshire Dr.
Suite, Apt. #, etc.

3. Mailing Address

2910 W. Bay To Bay Blvd.
Suite, Apt. #, etc.
Suite #200

City & State

Venice, FL

City & State

Tampa, FL

Zip

34292

Country

USA

Zip

33629

Country

USA

4. FEI Number

30-0001430

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name: A. O'Neill

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

Trenam, Kemker, et al

101 E. Kennedy Blvd #2700

City: Tampa

FL

Zip Code

33602

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner Buena Vista Hospitality Group 2910 W. Bay To Bay Blvd #200 Tampa, FL 33629
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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

3/2/02

(83)221-7535

Daytime Phone #

CR2E083B (12/01)