

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-07-2003 90012 029 *****50.00

DOCUMENT # L02000027356

1. Entity Name

FOREST LAKES GOLF, LLC



Principal Place of Business

Mailing Address

7340 REGINA ROYALE
SARASOTA FL 34238

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SARASOTA FL 34238

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Zip

Country

Zip

Country

34230

4. FEI Number

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



8. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM ET AL PA
% F. THOMAS HOPKINS
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

BILL FRIESING

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

2401 BENEVA ROAD

City

SARASOTA

FL

Zip Code

34232

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 **MRG** ☐ Delete
NAME **WILLIAM FRIESING**
STREET ADDRESS **2401 BENEVA ROAD**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **MRG** ☐ Delete
NAME **GERALD NICHOLS**
STREET ADDRESS **2401 BENEVA ROAD**
CITY-ST-ZIP **SARASOTA, FL 34232**

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
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TITLE ☐ Change ☐ Addition
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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

WILLIAM FRIESING

3-5-03

941-922-1312

Date

Daytime Phone #

CR2E083 (10/02)