

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000190

1. Entity Name

CASSELBERRY GOLF CLUB, LC

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

300 S. TRIPLETT LAKE DR.
CASSELBERRY FL 32707

Mailing Address

300 S. TRIPLETT LAKE DR.
CASSELBERRY FL 32707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3361427

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SECRIST, ROBERT L III
2281 LEE RD., SUITE 103
WINTER PARK FL 32789

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SECRIST, ROBERT L III
STREET ADDRESS 2281 LEE RD., #103
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS 800003119878--3
CITY-ST-ZIP -02/01/00--01145--011
*****50.00 ☐ ☐

TITLE MGR ☐ Delete
NAME KENNEDY, MICHAEL J
STREET ADDRESS 2011 GERONIMO TRL.
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE MGR ☐ Delete
NAME LEVANTHAL, STUART
STREET ADDRESS 651 EAST LAKE DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Delete
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CITY-ST-ZIP

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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: BY: *Robert L. Secrist*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/20/00 (407)645-1965