

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

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90120 010 ****50.00

DOCUMENT # L96000001133

1. Entity Name

MIAMI NATIONAL GOLF CLUB, L.C.

DO NOT WRITE IN THIS SPACE

968904

2. Principal Place of Business
14610 SW 64th Court

Suite, Apt. #, etc.

3. Mailing Address
575 E. Chocolate Ave.

Suite, Apt. #, etc.
Attn: William Leahy

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Hershey PA

4. FEI Number
65-0714092

Applied For
Not Applicable

Zip Country
33158 USA

Zip Country
17033 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
R. Daniel Mays

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

14610 SW 64th Court

City Miami FL Zip Code 33158

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.

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 Member
Stephen J. Garchik
575 E. Chocolate Avenue
Hershey, PA 17033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
R. Daniel Mays
14610 SW 64th Court
Miami, FL 33158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
M.N.G.C. Partners
575 E. Chocolate Avenue
Hershey, PA 17033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Gotham Golf Partners, L.P.
575 E. Chocolate Avenue
Hershey, PA 17033

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

6/6/02 703-830-3593

Date

Daytime Phone #

William F. Leahy, Authorized Representative

CR2E083B (12/01)