

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000045

1. Entity Name

HIGHLANDS RESERVE GOLF CLUB, L.C.

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

500 HIGHLANDS RESERVE BLVD
DAVENPORT FL 33837

Mailing Address

2281 LEE ROAD
SUITE 103
WINTER PARK FL 32789-7208

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

59-3486586

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SECRIST, ROBERT L III
2281 LEE ROAD, 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 NAME MGRM
STREET ADDRESS SECRIST, ROBERT L III
CITY- ST- ZIP 2281 LEE RD. SUITE 103
WINTER PARK FL 32789 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition
7000003119877--6
-02/01/00--01145--010
*****50.00 *****50.00

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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:

Highlands Reserve Golf Club, LC
BY: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/20/00

Date

(407)645-1965

Daytime Phone #