

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000207

1. Entity Name

LUCERNE EXECUTIVE GOLF CLUB, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 12:00

Principal Place of Business

3500 LUCERNE PARK RD NE
WINTER HAVEN FL 33881

Mailing Address

3500 LUCERNE PARK RD NE
WINTER HAVEN FL 33881-9305

2. Principal Place of Business

3. Mailing Address

2006 Southern Dunes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Haines City FL

Zip

Country

Zip

33844

Country

USA

4. FEI Number

DO NOT WRITE IN THIS SPACE

59-3500324

APPLIED FOR

Applied For

Not Applied

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

STRAUGHN, RICHARD E
255 MAGNOLIA AVENUE, SW
WINTER HAVEN FL 33880

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
PERRY, WILLIAM E SR.
2006 SOUTHERN DUNES BLVD.
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003123552-4
-02/04/00--01007--004
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOYNER-PERRY, JEANETTE S
2006 SOUTHERN DUNES BLVD.
HAINES CITY FL 33844 ☐ Delete

TITLE
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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 REQUIRED

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

Date

Daytime Phone #

11/26/00