

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

CU124-1 AF

DOCUMENT # L98000001641

1. Entity Name
COUNTRY CLUB PLACE, L.L.C.

00 MAY 16 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
350 PENSACOLA BEACH BLVD.
GULF BREEZE FL 32561

Mailing Address
P.O. BOX 99
GULF BREEZE FL 32562-0099



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 59-3529512 Applied For Not Applicable

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

LYONS, MARK III
350 PENSACOLA BEACH BLVD.
GULF BREEZE FL 32561

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
NAME LYONS, MARK III
STREET ADDRESS P.O. BOX 99
CITY-ST-ZIP GULF BREEZE FL 32562

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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:

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

4-1-00

Date

850 934 0440

Daytime Phone #

CR2E083 (9/99)