

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003187

1. Entity Name

V.I.P. GOLF ACADEMY L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:39

mf3127



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7352 PINE CREEK WAY
PORT SAINT LUCIE FL 34986

Mailing Address

1700 RIMROCK STREET
GOLDEN CO 80401-2528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0881657

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 SVENNINGSEN, EARL
STREET ADDRESS 1700 RIMROCK STREET RIMROCK STREET
CITY-ST-ZIP GOLDEN CO 80401

TITLE ☐ Change ☐ Addition
NAME 3000003181823--3
STREET ADDRESS -03/31/00--01068--018
CITY-ST-ZIP *****50.00 *****50.00

TITLE MEM ☐ Delete
NAME SVENNINGSEN, EARL
STREET ADDRESS 1700 RIMROCK STREET RIMROCK STREET
CITY-ST-ZIP GOLDEN CO 80401

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

Signature of Earle Svenningesen

3/15/00

3032151029