

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000531

1. Entity Name
GOLF VISTAS, L.L.C.

FILED

01 APR 25 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O DESTINATION VISTAS, L.L.C.
17 WINDABOUT DRIVE
GREENWICH CT 06831

Mailing Address
C/O DESTINATION VISTAS, L.L.C.
17 WINDABOUT DRIVE
GREENWICH CT 06831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11 Halfway Rd.
Suite, Apt. #, etc.
Ocean Reef Club
City & State
Key Largo, FL
Zip
33027 Country
USA

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
FLORIDA
Zip
Country
USA

4. FEI Number 58-2441194
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

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

The above named person supports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

NATURE 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 DESTINATION VISTAS, L.L.C. 17 WINDABOUT DRIVE GREENWICH CT 06831 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Destination Vistas LLC by Claire Montgomerie, M.P. 4/20/01 2036292804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0026430 AF

CR2E083 (11/00)