

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004694

1. Entity Name
SYNERGY GOLF AND RANGE, L.L.C.

Principal Place of Business Mailing Address
6153 COCOS DRIVE 6153 COCOS DRIVE
FT. MYERS FL 33908 FT. MYERS FL 33908-4620

2. Principal Place of Business 3. Mailing Address
16520 So. Tamiami Trail SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.
202 SAME

City & State City & State
FORT MYERS, FLORIDA SAME

Zip Country Zip Country
33908

4. FEI Number Applied For
65-0933480 Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTELLO, JAMES M ESQ.
2248 FIRST STREET
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name WILLIAM J. THOMPSON
Street Address (P.O. Box Number is Not Acceptable)
THE SEATECH CENTER
17595 So. Tamiami Trail #106
City FORT MYERS FL Zip Code 33908

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 4-27-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME Delete
MEM VALE, SONNY
STREET ADDRESS 6153 COCOS DRIVE
CITY-ST-ZIP FT. MYERS FL 33908

TITLE NAME Delete
MEM OWENS, THAD
STREET ADDRESS 17813 PORT BOCA CIRCLE
CITY-ST-ZIP FT. MYERS FL 33908

TITLE NAME Delete
MEM GILLAM, JULIUS
STREET ADDRESS 11668 ONYX
CITY-ST-ZIP CYPRESS CA 90630

TITLE NAME Delete
MEM TRAYLOR, TOM
STREET ADDRESS 6153 COCOS DRIVE
CITY-ST-ZIP FT. MYERS FL 33908

TITLE NAME Delete
MEM TRAYLOR, ROSE
STREET ADDRESS 6153 COCOS DRIVE
CITY-ST-ZIP FT. MYERS FL 33908

TITLE NAME Delete
MEM
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300003278999-3
-06/06/00--01105--022
*****50.00 *****50.00

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

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

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

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

4-27-00 (941) 791-4653
Date Daytime Phone #