

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005874

1. Entity Name

FOX FIRE GOLF COURSE OF SARASOTA, L.C.

Principal Place of Business

2033 MAIN ST., STE 600  
SARASOTA FL 34237

Mailing Address

2033 MAIN ST., STE 600  
SARASOTA FL 34237-6091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MYERS, TROY H JR.  
2033 MAIN ST., STE 600  
SARASOTA FL 34237

4. FEI Number

65-0989396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
MYERS, TROY H JR.  
2033 MAIN ST., STE 600  
SARASOTA FL 34237

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

900003219549-5  
-04/24/00-01023-013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ 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:

*Signature* REQUIRE *Manager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/2/00

Date

941-953-8110

Daytime Phone #

APPROVED  
AND  
FILED

00 APR -3 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/18



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)