

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90964 022 ****50.00

DOCUMENT # *L99000005874*
1. Entity Name
FOX FIRE GOLF COURSE OF SARASOTA, LLC.

DO NOT WRITE IN THIS SPACE

935768

2. Principal Place of Business
1200 PROCTOR ROAD
Suite, Apt. #, etc.

3. Mailing Address
1200 PROCTOR ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-0989396

Applied For
Not Applicable

Zip
34241 Country

Zip
34241 Country

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

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7. Name and Address of Current Registered Agent

Name
TROY H. MYERS, JR.

Street Address (P.O. Box Number is Not Acceptable)
2033 MAIN STREET, Ste. 600

City
SARASOTA FL Zip Code
34237

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MGR
D. GARY ALVEY
1200 PROCTOR ROAD
SARASOTA, FL 34241*

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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: *D. Gary Alvey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

(941) 921-1157
3-18-02

CR2E083B (12/01)