

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006742

1. Entity Name

MILLGOLF ACQUISITION, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 PM 4: 10

Principal Place of Business

11 COMMERCE ROAD
ROCKLAND MA 02370

Mailing Address

11 COMMERCE ROAD
ROCKLAND MA 02370

2. Principal Place of Business

226-5 Solano Road

Suite, Apt. #, etc.

PMB 153

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

3. Mailing Address

226-5 Solano Rd.

Suite, Apt. #, etc.

PMB 153

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

4. FEI Number

58-2489946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEASLER, FRANK R JR. ESQ
4309 PABLO OAKS COURT
SUITE 200
JACKSONVILLE FL 32224

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CINOTTI, ROBERT J
11 COMMERCE ROAD
ROCKLAND MA 02370

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004618333--8
-10/01/01--01073--001
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STAPLE CHECK HERE

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CR2E083 (5/01)