

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JUL 24 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008417

1. Entity Name

MADISON GREEN GOLF, LLC

Principal Place of Business

Mailing Address

c/o BERGSTOL ENTERPRISES, INC.

475 ROUTE 304

NEW CITY, NY 10956

2. Principal Place of Business

475 ROUTE 304

3. Mailing Address

475 ROUTE 304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NEW CITY, NY

City & State
NEW CITY, NY

4. FEI Number
113519851

Applied For
Not Applicable

Zip
10956

Country

Zip
10956

Country

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

LARRY B. ALEXANDER, ESQ.
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401

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

100004495241--3
-07/25/01--01045--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGER
ERIC BERGSTOL
475 ROUTE 304
NEW CITY, NY 10956 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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CITY - ST - ZIP
100004495241--3
-07/25/01--01045--002
*****5.00 *****5.00 ☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

Daytime Phone #

CR2E083 (11/00)