

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90232 002 \*\*\*\*50.00

**DOCUMENT # L99000009163**

1. Entity Name

**COUNTRY CLUB OF WEST GEORGIA, L.C.**



Principal Place of Business

**7500 MONTICELLO DRIVE  
VILLA RICA GA 30180**

Mailing Address

**215 E. CENTRAL BLVD., 2ND FLOOR  
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

**1035 S. SEMORAN BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 1012**

City & State

City & State

**WINTER PARK FL**

Zip

Country

Zip

Country

**32792**

**USA**

4. FEI Number

**59-3613044**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KETTLE, TARY**

**215 E. CENTRAL BOULEVARD, 2ND FLOOR  
ORLANDO FL 32810**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1035 S. SEMORAN BLVD # 1012**

City

**WINTER PARK, FL**

FL

Zip Code

**32792**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
KETTLE, R. TARY  
215 E. CENTRAL BOULEVARD, 2ND FLOOR  
ORLANDO FL 32801**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1035 S. Semoran Blvd # 1012  
Winter Park, FL 32792**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 REQUIRED**  
**President, Manjiv Pankar**  
**1/28/03 407-657-2640**

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

Date

Daytime Phone #

CR2E083 (10/02)