

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009318**

1. Entity Name

STONECREST GOLF CLUB, LLC

Principal Place of Business

**11560 S.E. 176TH PLACE ROAD
SUMMERFIELD FL 34491**

Mailing Address

**11053 S.E. 174TH LOOP
SUMMERFIELD FL 34491**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

11560 S.E. 176th Place Road

Suite, Apt. #, etc.

City & State

Summerfield, FL

Zip

Country

Zip

34491

Country

USA

Road

4. FEI Number

59-3615087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTSON, L. HALL JR
11053 SE 174TH LOOP
SUMMERFIELD FL 34491**

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 date if applicable.

SAME AS ABOVE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**900004336629--4
-05/31/01--01087--012
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
STONECREST MANAGEMENT, INC.
11053 S.E. 174TH LOOP
SUMMERFIELD FL 34491**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

4/30/01

Date

352-347-0802

Daytime Phone #