

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031E-3 AB

DOCUMENT # M00000002322

1. Entity Name

INTERCONN PONTE VEDRA COMPANY, L.L.C.

FILED

01 APR 16 AM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

900 COTTAGE GROVE RD.  
HARTFORD CT 06152

Mailing Address

900 COTTAGE GROVE RD.  
HARTFORD CT 06152

2. Principal Place of Business

1000 PGA TOUR BLVD

3. Mailing Address

1000 PGA TOUR BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

4. FEI Number

52-227634 APPLIED FOR

Applied For

Not Applicable

Zip

32082

Country

ST. JOHNS

Zip

32082

Country

ST. JOHNS

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. MEMBER ADDITIONS/CHANGES

MEMBER  
INTERSTATE PROPERTY  
PARTNERSHIP LP  
680 ANDERSON DR, PITTSBURG PA  
15220 ☐ Change ☐ Addition

MEMBER  
CONNECTICUT GENERAL LIFE INS. CO  
900 COTTAGE GROVE RD  
HARTFORD, CT 06152 ☐ Change ☐ Addition

400004035534 ☐ Change ☐ Addition  
-04/20/01--01072--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael Wieg

4/10/01

(904) 280-7015

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

Date

Daytime Phone #

CP2E083 (11/00)