

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

04-14-2003 90001 025 *****50.00

DOCUMENT # M02000001032

1. Entity Name

BRIGHTON GOLF PARTNERS, LLC



Principal Place of Business

**5201 AVENUE LACROSSE
LUTZ FL 33549**

Mailing Address

**5201 AVENUE LACROSSE
LUTZ FL 33549**

2. Principal Place of Business

13050 Summerfield Blvd

3. Mailing Address

13050 Summerfield Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW FLORIDA

City & State

RIVERVIEW FLORIDA

Zip

33569

Country

USA

Zip

33569

Country

USA

4. FEI Number

030423008

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

**C T-CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLANCHARD, JEFFREY B
5201 AVENUE LACROSSE
LUTZ FL 33549** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BLANCHARD, JASON
6260 BARTON CREEK CIRCLE
LAKE WORTH FL 33463** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

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

JEFFREY B. BLANCHARD

4/14/03 813 671-3311

Date

Daytime Phone #

CR2E083 (10/02)