

FILED

Apr 21, 2003 8:00 am
Secretary of State

04-03-2003 90018 037 ****50.00

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

DOCUMENT # M02000002039

1. Entity Name

CB RESORT, LLC



Principal Place of Business

2000 U.S. HIGHWAY 27
CLERMONT FL 34711

Mailing Address

2000 U.S. HIGHWAY 27
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0514307

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

WEBB, RICHARD S IV
LUTZ, WEBB & BOBO
1 SARASOTA TOWER, #500, 2 N. TAMiami TRAIL
SARASOTA FL 34238

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 renewing)

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-STATE-ZIP
MGRM
WILLIAMS, DALE A
WOODBURN & WEDGE, P.O. BOX 2311
RENO NV 89505☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
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CITY-STATE-ZIP☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
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☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-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 806, Florida Statutes.

SIGNATURE:

Signature: *Lois L. Brennan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/03

916/989-2800

Date

Daytime Phone #

CR2003 (10/02)