

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -7 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M97000000144**

1. Entity Name
WALTER T. MORGAN GOLF ENTERPRISES, LLC

Principal Place of Business
**136 GOVERNORS ROAD
PONTE VEDRA BEACH FL 32082**

Mailing Address
**136 GOVERNORS ROAD
PONTE VEDRA BEACH FL 32082**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14416 Pelican Bay Ct
Suite, Apt. #, etc.

3. Mailing Address
15536 Fisherman's Rest Ct.
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip **32224-3115** Country

City & State
Cornelius, NC
Zip **28031** Country

4. FEI Number **56-1952090** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTLETT, BARON L P.A.
50 HIGHWAY A1A, SUITE 103
PONTE VEDRA BEACH FL 32082**

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 _____ (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

10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **MORGAN, GERALDINE T** Delete
STREET ADDRESS **136 GOVERNORS ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **MGR** Change Addition
NAME **Geraldine T Morgan** add.
STREET ADDRESS **14416 Pelican Bay Ct.**
CITY-ST-ZIP **Jacksonville, FL 32224-3115**

TITLE **MBR** Delete
NAME **MORGAN, GERALDINE T**
STREET ADDRESS **136 GOVERNORS ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **" "** Change Addition
NAME **" "** of add.
STREET ADDRESS
CITY-ST-ZIP

TITLE **MBR** Delete
NAME **MORGAN, WALTER T**
STREET ADDRESS **136 GOVERNORS ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **MBR** Change Addition
NAME **Walter T. Morgan** add.
STREET ADDRESS **14416 Pelican Bay Ct.**
CITY-ST-ZIP **Jacksonville, FL 32224-3115**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100004341051--2
-06/05/01--01013--021
*******55.00 *****55.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Geraldine T Morgan* / *Walter T Morgan* **4-30-01 (904) 821-4233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #