

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010511

DOCUMENT # M97000000412

1. Entity Name

ARNOLD PALMER GOLF MANAGEMENT LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:35

Principal Place of Business

6751 FORUM DR. SUITE 200  
ORLANDO FL 32821

Mailing Address

6751 FORUM DR. SUITE 200  
ORLANDO FL 32821-8089



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2679725

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
NANULA, PETER J  
6751 FORUM DR, SUITE 200  
ORLANDO FL 32821 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
n/f 3/9/00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
HALL, HAL R  
200 CRESCENT COURT, SUITE 1600  
DALLAS TX 75240 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SMITH, TIMOTHY B  
200 CRESCENT COURT, SUITE 1600  
DALLAS TX 75240 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
200003168392--1  
-03/14/00--01032--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
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TITLE  
NAME  
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CITY- ST- 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*Signature* REQUESTED Nanula

407-926-2500

CR2E083 (9/99)