

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000783

1. Entity Name

CLUB REALTY INTERNATIONAL, LLC

Principal Place of Business

100 BAYVIEW CIRCLE, SUITE 4000
NEWPORT BEACH CA 92660

Mailing Address

100 BAYVIEW CIRCLE, SUITE 4000
NEWPORT BEACH CA 92660

2. Principal Place of Business

1301 DOVE STREET

Suite, Apt. #, etc.

200

City & State

NEWPORT BEACH CA

Zip

92660

Country

USA

3. Mailing Address

1301 DOVE STREET

Suite, Apt. #, etc.

200

City & State

NEWPORT BEACH CA

Zip

92660

Country

USA

FILED
Sep 10, 2001 8:00 A.M.
Secretary of State



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2356950

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUMENKOPF, JAY
% PROSKAUER ROSE
2255 GLADES RD., SUITE 340 WEST
BOCA RATON FL 33431-7360

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
YI, CHINYOL
100 BAYVIEW CIRCLE, SUITE 4000
NEWPORT BEACH CA 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
YI, KYONG HUI
100 BAYVIEW CIRCLE, SUITE 4000
NEWPORT BEACH CA 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
WELCH, LOUIS
100 BAYVIEW CIRCLE, SUITE 4000
NEWPORT BEACH CA 92660 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500004609625-6
-09/25/01-01009-013
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/10/01

(949) 250-8245

STAMPLE CHECK HERE

CR2E083 (5/01)

0010286