

2000 UNIFORM BUSINESS REPORT (UBR)

001449 AF

DOCUMENT # M98000000425

1. Entity Name
SERENOA GOLF CLUB LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 12:07

Principal Place of Business Mailing Address
6773 SERENOA DRIVE 6773 SERENOA DRIVE
SARASOTA FL 34241 SARASOTA FL 34241-9276



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 13-4001648

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 MGRM
NAME UNITED GOLF LLC
STREET ADDRESS 153 EAST 53RD, 56TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE MGRM
NAME United Golf LLC
STREET ADDRESS 37 West 57th Street, 12th Floor
CITY-ST-ZIP New York, NY 10019

TITLE MGRM
NAME SG GOLF, INC.
STREET ADDRESS 153 EAST 53RD, 56TH FLOOR
CITY-ST-ZIP NEW YORK NY 10022

TITLE MGRM
NAME SG Golf, Inc.
STREET ADDRESS 37 West 57th Street - 12th Floor
CITY-ST-ZIP New York, NY 10019

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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:

SIGNATURE REQUIRED

Mark Hershman for United 1/17/00

212-317-0800

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

Date

Daytime Phone #

CR2E083 (9/99)