

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # M98000001399

1. Entity Name

MEADOWBROOK KISSIMMEE BAY, LLC

02 MAR -4 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2801 KISSIMMEE BAY BLV.
KISSIMMEE FL 34744

Mailing Address

331 S. FLORIDA AVENUE SUITE 41
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

8390 ChampionsGate Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

ChampionsGate, FL

4. FEI Number

95-4734478

Applied For

Not Applicable

Zip

Country

US

Zip

Country

33896

US

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: MEADOWBROOK GOLF GROUP, INC. Delete
STREET ADDRESS: 345 N. MAPLE DRIVE, SUITE 290
CITY-ST-ZIP: BEVERLY HILLS, CA 90210

TITLE: MGRM
NAME: Meadowbrook Golf Group, Inc. Change Addition
STREET ADDRESS: 8390 ChampionsGate Blvd, Suite 200
CITY-ST-ZIP: ChampionsGate, FL 33896

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:
200005041052--9

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:

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:

Calvin C. Sellers, III

01/11/01

(407) 589-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)



202

ACCOUNT NO. : 072100000032

REFERENCE : 422731 7205268

AUTHORIZATION : *Patricia Pignato*

COST LIMIT : \$ 50.00

ORDER DATE : March 1, 2002

ORDER TIME : 11:27 AM

ORDER NO. : 422731-030

CUSTOMER NO: 7205268

CUSTOMER: Ms. Sarah Lindberg
Meadowbrook Group, Inc.
8390 Championsgate Blvd.
Suite 200
Championsgate, FL 33896

RECEIVED
02 MAR -4 PM 12:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MEADOWBROOK KISSIMMEE BAY,
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: _____