

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000963

1. Entity Name
PINES AND PALMS GOLF COURSE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 14 AM 10: 02

Principal Place of Business
200 WEST MADISON STREET, 38TH FLOOR
CHICAGO IL 60606

Mailing Address
200 WEST MADISON STREET, 38TH FLOOR
CHICAGO IL 60606



2. Principal Place of Business
Suite, Apt. #, etc.
37th Floor
City & State

3. Mailing Address
Suite, Apt. #, etc.
37th Floor
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 36-4267376
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
7000013370097-5
-08/23/00--01098--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, ALLEN M		NAME		
STREET ADDRESS	200 WEST MADISON STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUNAMON, SIMON		NAME		
STREET ADDRESS	200 WEST MADISON STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GLEN		NAME		
STREET ADDRESS	200 WEST MADISON STREET		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Allen M. Turner, Mgr 8/7/00 312-750-8400

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

Date

Daytime Phone #

CR2E083 (5/00)