

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000964

1. Entity Name

MAINLANDS GOLF COURSE, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 14 PM 2:22

Principal Place of Business

200 WEST MADISON STREET, 38TH FLOOR  
CHICAGO IL 60606

Mailing Address

200 WEST MADISON STREET, 38TH FLOOR  
CHICAGO IL 60606-3417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 West Madison Street

Suite, Apt. #, etc.

25th Floor

City & State

Chicago, Illinois

Zip

60606

Country

USA

3. Mailing Address

200 West Madison Street

Suite, Apt. #, etc.

25th Floor

City & State

Chicago, Illinois

Zip

60606

Country

USA

4. FEI Number

36-4267371

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

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

*mj 2/23/00*

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR  
TURNER, ALLEN M  
STREET ADDRESS 200 WEST MADISON STREET  
CITY- ST- ZIP CHICAGO IL 60606 ☐ Delete

TITLE NAME MGR  
ZUNAMON, SIMON  
STREET ADDRESS 200 WEST MADISON STREET  
CITY- ST- ZIP CHICAGO IL 60606 ☐ Delete

TITLE NAME MGR  
MILLER, GLEN  
STREET ADDRESS 200 WEST MADISON STREET  
CITY- ST- ZIP CHICAGO IL 60606 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
NAME 8000003148428-2  
STREET ADDRESS -02/25/00--01102--011  
CITY- ST- ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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, 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

Glen Miller, Vice President, January 11, 2000 (312) 750-8400

Date

Daytime Phone #

CR2E083 (9/99)

**DIVERSIFIED FINANCIAL MANAGEMENT CORP.**

200 WEST MADISON STREET  
SUITE 2500  
CHICAGO, ILLINOIS 60606-2400  
(312) 920-2468  
(312) 920-2312 FAX

**February 11, 2000**

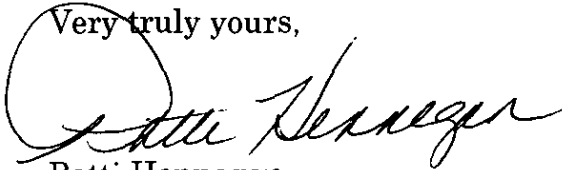
Division of Corporation  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**RE: Mainlands Golf Course, L.L.C.  
Document #M99000000964**

Dear Sir/Madam:

Enclosed for filing please find the 2000 Uniform Business Report for the above-referenced limited liability company, together with a check in the amount of \$50.00 representing the filing fee.

Very truly yours,



Patti Hennegan

Ph  
Enclosures