

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90670 001 ***750.00

DOCUMENT # 178623

1. Entity Name
CORAL RIDGE GOLF COURSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3801 BAYVIEW DR. **3801 BAYVIEW DR.**
FORT LAUDERDALE FL 33308 **FORT LAUDERDALE FL 33308**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3801 Bayview Drive

City & State City & State
Ft. Lauderdale, FL

4. FEI Number **59-0718880** Applied For
 Not Applicable

Zip Country Zip Country
33308 **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DARWELL, M
3801 BAYVIEW DR
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name **CORPORATION COMPANY OF MIAMI**
 Street Address (P.O. Box Number is Not Acceptable) **1600 Miami Center (GIP)**
201 S. Biscayne Blvd.
 City **Miami** FL Zip Code **33131-9767**

8. The above named entity admits its status as a corporation or other type of entity and its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *George L. Platt* (George L. Platt) DATE **4-30-01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, R T 3801 BAYVIEW DR. FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, R.T. JR. 705 FOREST AVE. PALO ALTO CA 94301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, R L #10 BELLECLAIR PLACE MONTCLAIR NJ <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATLAND, VIC 2870 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DARWELL, M 3801 Bayview Drive Fort Lauderdale FL 33308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, R.T., JR. 705 Forest Avenue Palo Alto CA 94301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C JONES, REES L. 55 South Park Street Montclair, NJ 07042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWILLIE, EUGENE W. 1155 Avenue of the Americas New York, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, WILLIAM T. 5 Woodland Avenue Bronxville, NY 10708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margorie Darwell* **MARGORIE DARWELL** DATE **4-30-01** DAYTIME PHONE # **954-561-1870**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)