

A M E N D E D

FILED

03 MAY -2 AM 10:37

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 178623
1. Entity Name
CORAL RIDGE GOLF COURSE, INC.



Principal Place of Business
3801 BAYVIEW DR.
FORT LAUDERDALE, FL 33308 US
Mailing Address
C/O CFO, ACCOUNTING
3801 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33308 US

000017927530
05/05/03--01013--014 **61.25



2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-0718880
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER (GIP)
MIAMI, FL 33131-9767

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when installing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for DARWELL, M; JONES, R.T. JR.; JONES, REES L; GOODWILLIE, EUGENER W; CARR, WILLIAM T.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for CFO HUNT, PAULA J.; FOSTER, JOHN W.

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, where the like empowered.

SIGNATURE: JOHN W. FOSTER
Typed or printed name of signed officer or director

Handwritten signature and date: JOHN W. FOSTER 5/12/03 954-561-1870

CRE2034 (10/02)