


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 10, 2003 8:00 am  
Secretary of State

09-10-2003 90050 035 \*\*\*150.00

**DOCUMENT # F95000005429**

1. Entity Name  
**ADVENTURE GOLF & GAMES, INC.**



Principal Place of Business  
**4825 BLANDING BLVD  
JACKSONVILLE FL 32210  
US**

Mailing Address  
**333 1ST ST NORTH  
JACKSONVILLE BEACH FL 32250  
US**



2. Principal Place of Business  
**333 1st St North  
Suite, Apt. #, etc.  
Suite 105  
City & State  
Jacksonville Beach, FL  
Zip  
32250  
Country  
US**

3. Mailing Address  
**Suite, Apt. #, etc.  
Suite 105  
City & State  
Jacksonville Beach, FL  
Zip  
32250  
Country  
US**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SIMMONS, II, SIDNEY S  
C/O STONEBURNER, BERRY, GOLDMAN & SIMMONS, PA  
~~225 WATER STREET, SUITE 2050~~  
JACKSONVILLE FL 32202**

4. FEI Number **13-3856515** Applied For  Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**841 Prudential Drive  
Suite 140  
Jacksonville, FL 32207**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO CARLSON, MARC 333 1ST STREET N #105 JACKSONVILLE BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LINVILLE, R 305 W 4TH ST, STE 2D WINSTON SA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MAGGARD, J. OLIVER 505 PARK AVE- STE 1700 NEW YORK NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other I like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** A. Carlson 9/8/03 (904) 435-1217

CR2E034 (4/03)

Attachment

80146465  
F95000005429

**Adventure Golf & Games, Inc.**  
**333 1<sup>st</sup> Street North, Suite 105**  
**Jacksonville Beach, FL 32250**

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: Document F95000005429

Dear Sirs,

We are requesting a waiver of the \$400 penalty for late filing as we never received the original form that was mailed earlier this year. The address on the current form is missing our suite number and this may be the root cause of the problem. We have completed the correction section on the form and we hope this solves the problem in the future.

Sincerely,



Marc A. Carlson  
Chief Financial Officer