## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Aug 25, 2002 8:00 am Secretary of State

08-25-2002 90208 001 \*1,100.00

Principal Place of Business Mailing Address 201 OCEAN KEY WAY 98516 201 OCEAN KEY WAY JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2404054 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STAFFORD, SUSAN P Street Address (P.O. Box Number is Not Acceptable) 1201 OCEAN KEY WAY JUPITER FL 33477 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ■ Addition STAFFORD, SUSAN P. NAME NAME STREET ADDRESS 201 OCEAN KEY WAY STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

☐ Delete

G98049

DOCUMENT #

ROLAND STAFFORD GOLF SCHOOL, INC.

1. Entity Name

5187345271

Change

☐ Addition