

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90267 031 ***150.00

DOCUMENT # L91081			
1. Entity Name RAVINES GOLF CORPORATION			
Principal Place of Business 2932 RAVINES ROAD MIDDLEBURG FL 32068 US		Mailing Address 2932 RAVINES ROAD MIDDLEBURG FL 32068 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3020951	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KEEFE, KENNETH M., JR 3300 BARNETT CENTER 50 N LAURA ST JACKSONVILLE FL 32202				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 _____ DATE _____
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KONDO, RYOICHI		NAME				
STREET ADDRESS	2932 RAVINES RD.		STREET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP				
TITLE	AVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SADO, HIROYUKI		NAME				
STREET ADDRESS	2932 RAVINES RD		STREET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KONDO, RYOICHI		NAME				
STREET ADDRESS	2932 RAVINES RD.		STREET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KONDO, MITSUYOSHI		NAME				
STREET ADDRESS	2932 RAVINES RD.		STREET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOHOGAMI, TSUYOSHI		NAME				
STREET ADDRESS	2932 RAVINES RD.		STREET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KATO, YOSHITOSHI		NAME				
STREET ADDRESS	2932 RAVINES RD.		STREET ADDRESS				
CITY-ST-ZIP	MIDDLEBURG FL		CITY-ST-ZIP				

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: *[Signature]* **SIGNATURE REQUIRED** Date: **4-30-02** Daytime Phone #: **904-282-1111**

CR2E034 (9/01)