

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90169 003 ****61.25

0005687

DOCUMENT # N02000001009

1. Entity Name
GOLF THE FLORIDA GULF, INC.



Principal Place of Business
**C/O SANDESTIN GOLF AND BEACH RESORT
9300 EMERALD COAST PARKWAY WEST
SANDESTIN FL 32550**

Mailing Address
**C/O SANDESTIN GOLF AND BEACH RESORT
9300 EMERALD COAST PARKWAY WEST
SANDESTIN FL 32550**

801111



2. Principal Place of Business
Suite, Apt. #, etc.
1219 Airport Rd, Suite 312

3. Mailing Address
P.O. Box 5767

City & State
Destin, FL

City & State
Destin, FL

4. FEI Number
630935103

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

Zip
32541

Country
USA

Zip
32540-5767

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HUGHES, J. ROBERT
220 MCKENZIE AVENUE
PANAMA CITY FL 32401**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOHLFORD, PAUL 9300 EMERALD COAST PARKWAY WEST SANDESTIN FL 32550	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPANN, WILLIAM F P.O. BOX 27880 PANAMA CITY BEACH, FL 32411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, TONI P.O. BOX 27880 PANAMA CITY BEACH FL 32411	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Craig Falanga 9300 Emerald Coast Parkway West Sandestin, FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tom Weaver 3900 Marriott Drive, Suite K Panama City Beach, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bruce Crawl - TD 4460 Legendary Dr. Suite 400 Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rick Thompson 4200 Marriott Dr. Panama City Beach, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Griggs 11212 Front Beach Rd Panama City Beach, FL 32407	<input type="checkbox"/> Change <input checked="" 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 617, 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 like empowered.

SIGNATURE: _____

CR2E037 (10/02)