2003 NOT-FOR-PROFIT CORPORATION

FILED Mar 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N38012** 1. Entity Name 03-10-2003 90096 014 ****61.25 SEMINOLE GOLF CLUB, INC. Principal Place of Business Mailing Address 901 SEMINOLE BLVD. 901 SEMINOLE BLVD. 10033337 JUNO BEACH FL 33408 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-0441130 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANDY, LOU Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 ---City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERNANDEZ: LUIS J NAME NAME 246 EDEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition JACKSON, LABAN P NAME NAME STREET ADDRESS 2665 N. OCEAN BLVD STREET ADDRESS CITY-ST-ZIP GULFSTREAM FL 33483 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VARDAMAN, JACK NAME NAME STREET ADDRESS 4411 HADFIELD LANE, NW STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20007 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NEHER. TIMOTHY NAME STREET ADDRESS 11526 TURTLE BEACH ROAD STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 indicated on this report or supplem and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rec changed, or on an attachm all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

☐ Addition