

DOCUMENT # N51177

1. Entity Name

FLORIDA'S FIRST COAST OF GOLF, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

02-02-2000 90036 024 ****61.25

Principal Place of Business Mailing Address
300 N. SECOND ST. SUITE 10 JACKSONVILLE FL 32250 US
300 N. SECOND ST. SUITE 10 JACKSONVILLE FL 32250-6944 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 59-3134620 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
REESE, DAVID W
300 N. SECOND ST.
SUITE 10
JACKSONVILLE FL 32250

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.

SIGNATURE [Signature] DATE 1/7/00
(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include VPD MONAHAN, STEVE; HALLORAN, JACK; PD NORMAN, DAVID; TD WILSON, JACQUELIN; V VICKERS, JOHN; S STAPLES, ROSCOE.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row includes PRESIDENT DAVID POTTS.

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: [Signature] DATE 1/28/00 DAYTIME PHONE # 904-249-9683

CR2E037 (9/99)