**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000036929  1. Entity Name MIRAGE PUTTING GREENS OF FLORIDA, INC.						Apr 17, 2002 8:00 am Secretary of State 04-17-2002 90033 014 ***150.00				
Principal Place of Business  3820 WIMBLEDON DR.  LAKE MARY FL 32746  Mailing Address  3820 WIMBLEDON DR.  LAKE MARY FL 32746						500101				
•	Place of Business cadian Court #, etc.	3. Mailing Address 8023 Arcadian Court Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Zip	ora, Florida Country	City & State  Mount Dora, Flo Zip	a try		59-3639876 Not App  5. Certificate of Status Desired S8.75 Additional			pplied For ot Applicable ditional		
32757	USA 6. Name and Address of Current Re	32757 egistered Agent	USA	Name		7. Name and Address of New Registered Agent				
HUDSON, KENNETH K JR 3820 WIMBLEDON DR. LAKE MARY FL 32746				=-Street-Ac 8023	reet Address (P.O. Box Numberis Not Acceptable) 23 Arcadian Court					***
8. The above	named entity submits this statement for the stat	Kenneth K.	Hud	ed office or son Jr				Zip Code 32757	)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW After May 1, 20 Make Check Payal			2 Fee	will be \$5	50.00	10. Election Campaign Fir Trust Fund Contributio			<b>0</b> May Be I to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0020				8023 A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  (A) Change				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, PHYLLIS 3820 WIMBLEDON DR LAKE MARY FL 32746	☐ Delete	II		8023 A	rcadian Court Dora, FL 32757	[33	[ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	II .					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	II					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	II	1				Change	☐ Addition	
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 eath; 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.										
SIGNAT	URE: SIGNATURE AND TYPED OR PRIM	Kenne			son Jr.	4/6/02 Date	(352) 38: Daytime	3-407 e Phone #	1	