2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53107 1. Entity Name HIGH POINT GOLF COURSE, INC.					Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90079 013 ***150.00			
Principal Place of Business 1175 NE 125TH ST SUITE 102 N MIAMI FL 33161		Mailing Address 1175 NE 125TH ST SUITE 102 N MIAMI FL 33161						
2. Principal Place of Business		3. Mailing Address			[2007] 00 01 01 02 03 04 05 05 05 05 05 05 05	01011 3 7061 01817 01811	J(0)6 B)0f) 100f	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-2148527	<u> </u>	oplied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$9.75 Ad	ditional	
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Registe			
TATE, J KENNETH 1175 NE 125 ST SUITE 102			Name Street	et Address (P.O. Box Number is Not Acceptable)				
N MIAMI FL 33161			City	FL Zip Code				
Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	of title if applicable. (NOTE: FILE NOW!!!! After May 1, 2002 Make Check Payable	Fee will be \$.00 :550.00	einstating) D 10. Election Campaign Financing Trust Fund Contribution.	, , , , , , , , ,	00 May Be	
11.	OFFICERS AND D	<u>_</u>	12.	AE	DDITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD TATE, J KENNETH 1175 NE 125 ST, STE 102 N MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TATE, JAMES D 1175 NE 125 ST, STE 102 N MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition {	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TATE, STANLEY G 1175 NE 125 ST, STE 102 N MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOMERSTEIN, BARRY E 1175 NE 125 ST, STE 102 N MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	pertify that the information supplied with it on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wi	rue and accurate and that my vered to execute this report as	signature shall	have the same.	legal effect as if made under path: th	nat Lam an officer	or director	

SIGNATURE: _

305-891-1107 x 201