2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE A

ND TYPED OR PRINTED NAME

Apr 28, 2000 8:00 am Secretary of State DOCUMENT # 461035 04-28-2000 90060 018 ***150.00 GOLF HOST SECURITIES, INC. Principal Place of Business Mailing Address ☆/売 U.S. HWY. 19 N. PO BOX 1088 TARPON SPRINGS FL 34688-1088 HARBOR FL 34684 A0049211 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1566781 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition CR2E034 (9/99) TITLE □ Delete NAME BENGIVENGO, DOMINIC NAME STREET ADDRESS STREET ADDRESS 36750 US HWY 19 NORTH CITY-ST-ZIP PALM HARBOR FL CITY-ST-7IP Director/Chairmad Change TITLE Delete TITLE ☐ Addition Barry S. Sterolicht STERNLICHT, BARRY S NAME 591 West Putram Ave STREET ADDRESS THREE PICKWICK PLAZA SUITE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREENWICH CT 06830 GREENWICH CT D6830 TCEO ☐ Defete TITLE DIRECTOR/CEO/TREASURER Change Ch ☐ Addition TITLE KLEEMAN, MERRICK R MERCIAR HIGEMAN NAME NAME 59, West Putwam Ave breedwich CT 06830 STREET ADDRESS THREE PICKWICK PLAZA SUITE 250 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP GREENWICH CT 06830 Director/Secretary ☐ Delete TITLE Change ☐ Addition TITLE GROSE, MADISON F NAME NAME MADISON F. 610SC STREET ADDRESS 591 wast Putwam Aug breenwich CT 06830 STREET ADDRESS THREE PICKWICK PLAZA SUITE 250 CITY-ST-ZIP CITY-ST-ZIP GREENWICH CT 06830 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with his filling 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 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.

FILED

Daytime Phone #