FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90135 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 663778

1. Entity Name
THE SEVENTEENTH GREEN, INC.

11010381

Principal Place of Business	Mailing Address
2501 S OCEAN DR #419 HOLLYWOOD, FL 33019 US	2501 S OCEAN DR #419 HOLLYWOOD, FL 33019 US
2. Principal Place of Business: P.O. Box 551150	3. Mailing Address: P.O. Box 551150
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale FL
Zip: 33355 Country: USA	Zip: 33355 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1988816 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FROST, IRWIN M 1111 BRICKELL AVE SUITE 2060 MIAMI, FL 33131	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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSEY, CHARLES 2501 S. OCEAN DR. HOLLYWOOD, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 551150 Ft. Lauderdale FL 33355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHMAN, EDWARD 2501 S. OCEAN DR. HOLLYWOOD, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition P.O. Box 551150 Ft. Lauderdale FL 33355
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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

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 607, 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: X ____________________ (954) 927-3080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)