
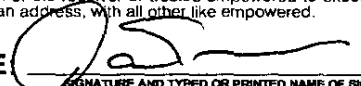


NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)-

DOCUMENT # 715756				FILED 03 DEC 17 AM 9:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name GATE CITY GOLF ASSOCIATION, INC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 6727 HEMA ROAD Suite, Apt. #, etc.		3. Mailing Address 6727 HEMA ROAD Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 591698491	
Zip 32209 Country USA		Zip 32209 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name JAMES GRANGER	
				Street Address (P.O. Box Number is Not Acceptable) 8814 DARLINGTON DRIVE	
				City JACKSONVILLE FL Zip Code 32208	
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. <div style="text-align: right; padding-right: 50px;"> 700025562917 12/17/03--01064--006 **\$61.25 </div>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	PD	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	JAMES GRANGER	NAME			
STREET ADDRESS	8814 DARLINGTON DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP			
TITLE	VD	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	JAMES CRAWFORD	NAME			
STREET ADDRESS	5636 INTERNATIONAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP			
TITLE	TD	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	FLEMING ALBERTIE	NAME			
STREET ADDRESS	7442 NEW KINGS ROAD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP			
TITLE	FS	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	MATTHEW M. TAYLOR	NAME			
STREET ADDRESS	530 DANDELION DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32259	CITY-ST-ZIP			
TITLE	RS	TITLE	DO NOT WRITE IN THIS SPACE		
NAME	CHARLES HAYNES	NAME			
STREET ADDRESS	8767 NORFOLK BLVD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208	CITY-ST-ZIP			
TITLE		TITLE	DO NOT WRITE IN THIS SPACE		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 on an attachment with an address, with all other like empowered.					
SIGNATURE 		12-13-03		904-766-7760	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E037B (12/02)