

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91297 039 \*\*\*150.00

0621234 AT

**DOCUMENT # F98000003684** ✓

1. Entity Name  
**HMC NAPLES GOLF, INC.**



Principal Place of Business  
**10400 FERNWOOD ROAD  
SUITE 500  
BETHESDA MD 20817-1109**

Mailing Address  
**10400 FERNWOOD ROAD  
SUITE 500, DEPT. 72/923  
BETHESDA MD 20817-1109**

2. Principal Place of Business  
**6903 Rockledge Drive**

3. Mailing Address  
**6903 Rockledge Drive**

Suite, Apt. #, etc.  
**1500**

Suite, Apt. #, etc.  
**1500**

City & State  
**Bethesda, Maryland**

City & State  
**Bethesda, Maryland**

4. FEI Number **52-2126154**

Applied For  
Not Applicable

Zip  
**20817-1818**

Country  
**USA**

Zip  
**20817-1818**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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	<b>PD PARSONS, ROBERT E JR 10400 FERNWOOD ROAD, DEPT. 923 BETHESDA MD 20817</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WALTER, W. EDWARD 10400 FERNWOOD RD BETHESDA MD 20817-1109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPDT WALLACE, SUSAN E 10400 FERNWOOD RD BETHESDA MD 20817-1109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS OLINGER, DONALD D 10400 FERNWOOD ROAD BETHESDA MD 20817-1109</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President WALTER, W. EDWARD 6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6903 Rockledge Dr. #1500 Bethesda, MD 20817-1818</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Susan E Wallace  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 (240) 744-1000

Date Daytime Phone #

CR2E034 (10/02)