2001 UNIFORM BUSINÉSS ŘEPORT (UBR) FILED DOCUMENT # H40359 Feb 05, 2001 8:00 am Secretary of State 1. Entity Name PEARSON GOLF MANAGEMENT, INC. 02-05-2001 90122 027 ***150.00 Principal Place of Business Mailing Address 764 ACACIA BLOSSOM CT. 764 ACACIA BLOSSOM CT. AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address 841 IRENE DR 84 IRENE DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2497498 Applied For **GUBURNDALL** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -PEARSON, MELTON L. Street Address (P.O. Box Number is Not Acceptable) 787 IRENE DR AUBURNDALE FL 33823 Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. TITLE ☐ Delete Change ☐ Addition PEARSON, MELTON L. NAME NAME 841 IRENE DR 787 IRENE DR STREET ADDRESS STREET ADDRESS **AUBURNDALE FL 33823** CITY-ST-ZIP ☐ Defete TITLE ☐ Addition PÉARSON, LINDA S. NAME NAME 787 IRENE DR STREET ADDRESS OTREET ADDRESS 841 IRENE DR **AUBURNDALE FL 33823** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition ANDREW, STEVEN P. NAME: NAME 311 THORNHILL ESTATES COURT 845 IRENE DR AUBURNDALE, FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachmen with an address, with all other like empowered.

PEARSON 1-30-01