2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 14, 2000 8:00 am Secretary of State **DOCUMENT # J56488** 1. Entity Name PALM VALLEY GOLF CLUB, INC. 01-14-2000 90020 002 ***150.00 Mailing Address Principal Place of Business 1075 PALM VALLEY RD PONTE VEDRA FL 32082-4319 US 1075 PALM VALLEY RD 80001799 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2773038 Not A. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HORD, JACK C Street Address (P.O. Box Number is Not Acceptable) 8196 SEVEN MILE DR. PONTE VEDRA BEACH FL 32082 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. SIGNATURÉ 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition Delete TITLE TITLE HORD, JACK C NAME STREET ADDRESS 8196 SEVEN MILE DR. STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE HORD, SUE NAME 8196 SEVEN MILE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ Addition Delete TITLE TITLE HORD, CHRISTOPHER HORD, BENJAMIN C NAME 1 NAME 8196 SEVEN MILE DR. STREET ADDRESS STREET ADDRESS 8196 SEVEN MILE DR. PONTE VEORA BEACH, FI. CITY-ST-ZIP PONTE VEDRA BEACH FL CITY-ST-ZIP ☐ Additio Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this 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.

SIGNATURE:

Jack C. Hord 1-7-00 904285806