2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am Secretary of State K31059 DOCUMENT # 1. Entity Name **GOLF DEVELOPMENT CORPORATION** 05-20-2002 90043 036 ***150.00 Principal Place of Business Mailing Address % ROBERT B. WHITLEY % ROBERT B. WHITLEY 2000 PGA BLVD. STE 2204 2000 PGA BLVD. STE 2204 PALM BCH GARDENS FL 33408 PALM BCH GARDENS FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0070085 Not Applicable Zip Country Country \$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 WHITLEY, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 2000 PGA BLVD, STE 2204 PALM BEACH GARDENS FL 33408 City 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. 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 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, 2002 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. (9/01)☐ Addition TITLE ☐ Delete TITLE ☐ Change WHITLEY, ROBERT B NAME NAME 2000 PGA BLVD, STE 2204 STREET ADDRESS STREET ADDRESS PALM BCH GRDNS FL CITY-ST-ZIP CITY-ST-7IP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition WHITLEY, KENNETH A NAME NAME 2000 PGA BLVD, STE 2204 STREET ADDRESS STREET ADDRESS PALM BCH GRDNS FL CITY-ST-ZIP CITY-ST-ZIP TITLE STD ---- --- Delete TITLE ☐ Change — ☐ Addition— NAME whitley, helen w NAME STREET ADDRESS 2000 PGA BLVD, STE 2204 STREET ADDRESS PALM BCH GRDNS FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP