

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69061

1. Entity Name

GOLF INVESTMENT ADVISORS CORPORATION

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90086 020 ***150.00

Principal Place of Business	Mailing Address
4411 BEACON CIRCLE #4 WEST PALM BEACH FL 33407 US	4411 BEACON CIRCLE #4 WEST PALM BEACH FL 33407-3278 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0117557	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BECHTEL, ALMONT
5250 WOODLAND LAKES #331
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name J. Kenneth Parrish
Street Address (P.O. Box Number is Not Acceptable)
9905 SE Mahogany Way
City Tequesta FL Zip Code 33469

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  (NOTE: Registered Agent signature required when reinstating) DATE 2-1-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, BRIAN G	NAME	
STREET ADDRESS	12821 MARSH POINT WAY	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHTEL, ALMONT ALMONT	NAME	
STREET ADDRESS	5250 WOODLAND LAKES, #331	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, J. KENNETH	NAME	
STREET ADDRESS	9905 SE MAHOGANY WAY	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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:  DATE 2-1-00 DAYTIME PHONE # 561-848-2522

CR2E034 (9/99)