2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # L29430** 1. Entity Name U.S. GOLF (PALISADES), INC. 03-01-2001 90030 019 ***150.00 Principal Place of Business ORANGE AVE. 255 S. ØRANGE AVE. 515 Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2988010 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 STANCHINA, WARREN J. Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVE. -SUITE 1515 Blandford Rd. ORLANDO-FL-32801 ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) a name of registered agent and title if applicable FILE NOW!!! ICE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Etection Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DST TITLE ☐ Addition TITLE Delete STANCHINA, MARY LYNN NAME NAME STREET ADDRESS STREET ADDRESS 255 S. ORANGE AVE #1515 CITY-ST-ZIP City-St-ZIP ORLANDO FL" TERE ☐ Addition Delete TITLE STANCHINA, WARREN NAME NAME STREET ADDRESS STREET ADDRESS 255-S-ORANGE AVE #1515 CITY-ST-7IP CITY-ST-ZIP **ORLANDO FL** ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE 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 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 anyaddress, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Stanchina 02/23/01/407 816 3194

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE NAME

☐ Change

Addition

CR2E034 (10/00)