2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # L31777** 1. Entity Name V/ORLD GOLF & TENNIS, INC. 04-19-2001 90335 025 ***150.00 Principal Place of Business Mailing Address 727 SCALLOP DRIVE 99 ORANGE STREET CAPE CANAVERAL FL 32920 ST. AUGUSTINE FL 32084 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 59-3025613 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 Name ALLEN C.D. SCOTT II Street Address (P.O. Box Number is Not Acceptable) 99 ORANGE STREET ST. AUGUSTINE FL 32084 Zip Code City 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Delete Addition TITLE TITLE ALLEN C.D. SCOTT II NAME NAME 99 ORANGE STREET STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32084 CITY-ST-7IP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Chance Addition SCOTT, JANET J NAME NAME 99 ORANGE STREET STREET ADDRESS STREET ADORESS ST. AUGUSTINE FL 32084 CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Chance Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Delete Addition TITLE 100.8 NAME MAME STREET ADDRESS STREET ADDRESS CLTY-SI-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiF Change Addition ☐ Delete TITLE 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 errors are employed 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 vith all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND

904-825-0995

CR2E034 (10/00)