2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L35003** May 08, 2000 8:00 am Secretary of State 1. Entity Name LOST LAKE GOLF CLUB, INC. 05-08-2000 90075 013 ***150.00 Mailing Address Principal Place of Business 7250 SOUTH FEDERAL HIGHWAY 7250 SOUTH FEDERAL HIGHWAY HOBE SOUND FL 33455-5851 HOBE SOUND FL 33455 change Principal Place of Business Gera l DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0323120 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ress (P.O. Box Number is Not Acceptable) KEATHLEY, TERRY M 7250 SE FEDERAL HWY HOBE SOUND FL 34996 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE KEATHLEY, TERRY M NAME 7250 SE FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE BOBO, GERALD W NAME NAME STREET ADDRESS 7250 SE FEDERAL HWY STREET ADDRESS **HOBE SOUND FL 33455** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PODOARDI, NANCY NAME NAME 7250 SE FEDERAL HWY STREET ADDRESS STREET ADDRESS **HOBE SOUND FL 33455** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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 an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04/25/00 56/-147-8/3

☐ Addition