2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2001 8:00 am Secretary of State **DOCUMENT # L35003** LOST LAKE GOLF CLUB, INC. 05-12-2001 90056 005 ***150.00 Principal Place of Business Mailing Address 7250 South Federal Highway C/O GERALD BOBO HOBE SOUND FL 33455 8089 S.E. COUNTRY EAST WAY JUPITER FL 33458 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 65-0323120 Not Applicable Zip Country Zip 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 BOBO, GERALD W Street Address (P.O. Box Number is Not Acceptable) 8089 S.E. COUNTRY EAST WAY JUPITER FL 33458 Zip Code FL 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, 2001 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. 12. Change Addition TITLE ☐ Delete TITLE Keathley, Terry M NAME NAME 7250 SE FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete TITLE ☐ Change ☐ Addition BOBO, GERALD W NAME NAME STREET ADDRESS 7250 SE FEDERAL HWY STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP TITLE . Delete TITLE . PODOARDI, NANCY NAME NAME STREET ADDRESS 7250 SE FEDERAL HWY STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

NATURE AND TYPED OR PRINTED

04/18/01 561-747-8133