FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State **DOCUMENT #** L35003 1. Entity Name LOST LAKE GOLF CLUB, INC. 05-13-2002 90034 014 ***150.00 Principal Place of Business Mailing Address 7250 SOUTH FEDERAL HIGHWAY C/O GERALD BOBO HOBE SOUND FL 33455 9089 S.E. COUNTRY EAST WAY JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address ederal Hus 250 S Suite, Apt. #, etc. uite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State State 4. FEI Number Applied For 65-0323120 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 BOBO, GERALD W Street Address (P.O. Box Number is Not Acceptable) 8089 S.E. COUNTRY EAST WAY JUPITER FL 33458 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) ☐ Change X Addition NAME KEATHLEY, TERRY M NAME STREET ADDRESS 7250 SE FEDERAL HWY STREET ADDRESS CITY-ST-7IP HOBE SOUND FL 33455 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE Change ☐ Addition NAME BOBO, GERALD W NAME STREET ADDRESS 7250 SE FEDERAL HWY STREET ADDRESS CITY-ST-ZIP **HOBE SOUND FL 33455** CITY-ST-ZIP Delete TITLE Change Addition 4 NAME PODOARDI, NANCY NAME Thomas G STREET ADDRESS 7250 SE FEDERAL HWY STREET ADDRESS se regeral Hwy CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 attached that with all address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4.23.02 772220971

Daytime Phone

☐ Change

Addition.