

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89013

1. Entity Name
GOLDEN PRIDE/RAWLEIGH, INC.

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90025 011 ***158.75

Principal Place of Business
1501 NORTHPOINT PARKWAY
SUITE 100
WEST PALM BEACH FL 33407

Mailing Address
1501 NORTHPOINT PARKWAY
SUITE 100
WEST PALM BEACH FL 33407

C0062691



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0204510		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip		Zip		Palm Beach			
Country		Country		33454-1119			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HERSEY, HARRY 1501 NORTHPOINT PARKWAY SUITE 100 WEST PALM BEACH FL 33407				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
				Zip Code			

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 _____ DATE _____

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 Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D HERSEY, HARRY 1501 NORTHPOINT PKWY WEST PALM BEACH FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V HUDSON, WILLIAM E 1501 NORTHPOINT PKWY W PALM BEACH FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S STOCKDILL, BETSY 1501 NORTHPOINT PKWY W PALM BEACH FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE Harry Hersey 4/26/2001 561-640-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)