

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L98000000368

Entity Name: THE GOLF SHOW, LLC

FILED
Apr 30, 2003
Secretary of State

Current Principal Place of Business:

6537 BURNHAM CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

6537 BURNHAM CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

BOX 1424
PONTE VEDRA BEACH, FL 320004

FEI Number: 59-3558001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISSELL, KATHLENE
6537 BURNHAM CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BISSELL, KATHLENE
Address: P.O. BOX 1424
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MGR () Delete
Name: PURTZER, TOM
Address: % PGA TOUR SAWGRASS
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: COUPLES, FRED
Address: % PGA TOUR SAWGRASS
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHLENE BISSELL

MGR

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date