

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M77113

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: LEXINGTON OAKS GOLF CLUB, INC.

Current Principal Place of Business:

33 BLOOMFIELD HILLS PKWY #200
BLOOMFIELD HILLS, MI 48304

New Principal Place of Business:

4014 GUNN HWY
SUITE 250
TAMPA, FL 33624 US

Current Mailing Address:

33 BLOOMFIELD HILLS PKWY #200
BLOOMFIELD HILLS, MI 48304

New Mailing Address:

FEI Number: 59-2884802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COMEGYS, LAWRENCE S.
Address: 1509 W. SWANN AVE., #240
City-St-Zip: TAMPA, FL 33606

Title: DVS () Delete
Name: STOLLER, JOHN R
Address: 33 BLOOMFIELD HILLS PKWY STE 200
City-St-Zip: BLOOMFIELD HILLS, MI

Title: AS () Delete
Name: BOYD, CALVIN R.
Address: 33 BLOOMFIELD HILLS PKWY., #200
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: VAST () Delete
Name: ROBINSON, BRUCE E.
Address: 33 BLOOMFIELD HILLS PKWY., #200
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: DVCF () Delete
Name: FREES, VINCENT J
Address: 33 BLOOMFIELD HILLS PKY., STE.200
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: AS () Delete
Name: ZUKOFF, COLETTE R
Address: 33 BLOOMFIELD HILLS PKWY, SUITE 200
City-St-Zip: BLOOMFIELD HILLS, MI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOWEN, JAMES
Address: 1509 W. SWANN AVE., #240
City-St-Zip: TAMPA, FL 33606

Title: DVS (X) Change () Addition
Name: STOLLER, JOHN R
Address: 33 BLOOMFIELD HILLS PKWY STE 200
City-St-Zip: BLOOMFIELD HILLS, MI 48304

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

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

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

Title: AS (X) Change () Addition
Name: ZUKOFF, COLETTE R
Address: 33 BLOOMFIELD HILLS PKWY, SUITE 200
City-St-Zip: BLOOMFIELD HILLS, MI 48304

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLETTE R. ZUKOFF

AS

04/23/2002

Electronic Signature of Signing Officer or Director

_____ Date