## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# M77113

Entity Name: LEXINGTON OAKS GOLF CLUB, INC.

FILED Mar 03, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4014 GUNN SUITE 250 TAMPA, FL						
Current Mailing Address:				New Mailing Address:		
33 BLOOMFIELD HILLS PKWY #200 BLOOMFIELD HILLS, MI 48304			100 BLOOMFIELD HILLS PKWY SUITE 300 BLOOMFIELD HILLS, MI 48304			
FEI Number: 59-2884802 FEI Number Applied For ( ) FEI Num			nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
	Electroni	c Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR						S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () I BOWEN, JAMES 1509 W. SWANN TAMPA, FL 3360	I AVE., #240		Title: Name: Address: City-St-Zip:	BOWEN, JAN	DALE BOULEVARD STE 100
Title: Name: Address: City-St-Zip:	STOLLER, JOHN	HILLS PKWY STE 200		Title: Name: Address: City-St-Zip:	STOLLER, JO 100 BLOOMF	X) Change ()Addition DHN R FIELD HILLS PKWY STE 300 D HILLS, MI 48304 US
Title: Name: Address: City-St-Zip:	BOYD, CALVIN F	HILLS PKWY., #200		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	VAST () I ROBINSON, BRU 33 BLOOMFIELD BLOOMFIELD H	JCE E. ) HILLS PKWY., #200		Title: Name: Address: City-St-Zip:	ROBINSON, E 100 BLOOMF	X) Change()Addition BRUCE E. FIELD HILLS PKWY STE 300 D HILLS, MI 48304 US
Title: Name: Address: City-St-Zip:	FREES, VINCEN	HILLS PKY.,STE.200		Title: Name: Address: City-St-Zip:	FREES, VINC	X) Change ()Addition ENT J IELD HILLS PKWY STE 300 D HILLS, MI 48304 US
Title: Name: Address: City-St-Zip:	ZUKOFF, COLET	HILLSL PKWY, SUITE 200		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition

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: JOHN R STOLLER DVS 03/03/2003