FILED May 20, 2002 8:00 am § Secretary of State

05-20-2002 90084 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 1. Entity Name

M92829

THE GOLF GARDEN OF DESTIN, INC.

Principal Place of Business

Mailing Address

12958 US HWY 98 W DESTIN FL 32541

US

12958 US HWY 98 W DESTIN FL 32541

US

red agent and title if applicable.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

Country

City & State

Country

4. FEI Number

5. Certificate of Status Desired

59-2929292

DO NOT WRITE IN THIS SPACE

 \Box

\$8.75 Additional Fee Required

Applied For

Not Applicable

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

MEHLING, GEORGE W 39 PARADISE PT RD SHALIMAR FL 32579

Box Number is Not Acceptable)

(NOTE: Registered Agent signature required when reinstating)

gement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subjection

SIGNATURE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

NALTY, FRANK JR.

BREWTON AL 36427

BOX 1266 N/A

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS : MEHLING, GEORGE W 39 PARADISE PT RD SHALIMAR FL	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMIRE, WARREN T. 3 LONGWOOD DRIVE SHALIMAR FL 32579	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KALTZ, MARK 949 BAMBI DR. DESTIN FL	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Keller, W. Robert 1459 Oakmont Pl Niceville Fl.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	🔼 Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTTRELL, JAMES 808 MARS ST DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luttrell, James 817 Kellaire Drive Destin, FL 32541	⊠. Change	Addition	
TITLE	D	☐ Delete	TITLE	TD	Change	☐ Addition	

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 advurate 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 true ee 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 the address, with a proposered.

NAME

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE:

STREET ADDRESS

CITY-\$T-ZIP

Date

Daytime Phone #

Attatchment

429894 ±1192829

Additions:

D Patty, William 540 Park Ct. Destin, FL 32541

D Reese, Don 197 Grove Lane Freeport, FL 32439