2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

Jan 14, 2002 8:00 am Secretary of State DOCUMENT # N0100000264 1. Entity Name THE BOB BEAMON GOLF & TENNIS CLASSIC, INC. 01-14-2002 90051 003 ****61.25 Principal Place of Business Mailing Address 998 S FEDERAL HIGHWAY SUITE 203 998 S FEDERAL HIGHWAY SUITE 203 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65 1069787 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SANTORO, CHRISTINE T 998 S FEDERAL HIGHWAY SUITE 203 BOCA RATON FL 33432 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE / C President & CEO Delete TITLE Change ☐ Addition Bob Beamon 998 S. Federal Hwy #203 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA Raton, FL 33432 CITY-ST-ZIP TITLE V Delete TITLE Change ☐ Addition Milana Walter Beamon NAME NAME STREET ADDRESS STREET ADDRESS 998 S. Federal Hwy CITY-ST-7IP CITY-ST-ZIP TITLE MISS Secretary / Trensurer/MSr. Delete ☐ Change ☐ Addition NAME Christine T. SAN 1800 STREET ADDRESS STREET ADDRESS 5 Federal Hwy # 203 CITY-ST-ZIP CITY-ST-ZIP 2 33432 TITLE D Delete TITLE ☐ Change Addition NAME WARD NAME 998 S. Federal HWY #203 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA Raton TITLE **D** TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Director □ Delete TITLE ☐ Change Addition NAME Michael NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

(9/01)