

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N41173

FILED
Apr 28, 2003
Secretary of State

Entity Name: JACK NICKLAUS MUSEUM, INC.

Current Principal Place of Business:

11780 U.S. HIGHWAY ONE
SUITE 400
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

2355 OLENTANGY RIVER
COLUMBUS, OH 43210

New Mailing Address:

FEI Number: 65-0220781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING HAILE & SHAW P.A.
11780 HWY. ONE
SUITE #300
NORTH PALM BEACH, FL 33408 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HINES, JOHN
Address: 11780 US HWY 1, STE. 400
City-St-Zip: N. PALM BEACH, FL

Title: VPS () Delete
Name: BATES, JACK P
Address: 11780 U.S. HIGHWAY ONE STE 300
City-St-Zip: NORTH PALM BEACH, FL

Title: AS () Delete
Name: MAHER, DANIEL
Address: 11780 US HIGHWAY ONE 400
City-St-Zip: NORTH PALM BEACH, FL

Title: D () Delete
Name: KESSLER, JOHN W
Address: 11780 U.S. HIGHWAY ONE STE 300
City-St-Zip: N PALM BCH, FL

Title: D () Delete
Name: NICKLAUS, II J
Address: 11780 U. S. HWY ONE STE 300
City-St-Zip: NORTH PALM BEACH, FL

Title: D () Delete
Name: NICKLAUS, BARBARA B.
Address: 11780 U. S. HWY ONE STE 300
City-St-Zip: NORTH PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HINES

P

04/28/2003

Electronic Signature of Signing Officer or Director

Date