2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9900001714 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name SERTOMA JUNIOR GOLF TOUR, INC. 09-11-2000 90013 035 ****61.25 Mailing Address Principal Place of Business 2221 U.S. HIGHWAY 27 SOUTH 2221 U.S. HIGHWAY 27 SOUTH SEBRING FL 33870 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address 3808 Monza 3129 Goffview DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0918904 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 33872 Highland Fee Required ah lands 7. Name and Address of New Registered Agent ddress of Current Registered Agent t Address (P.O. Box Number is Not Acceptable) GOSSETT, GARY R JR 2221 U.S. HIGHWAY 27 SOUTH SEBRING FL 33870 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. Pamela S. Gentry, Director, Officer SIGNATURE (NOTE: Registered Agent signature required when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete BEST, CHUCK NAME NAME 90 LAKE TROUT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL 33825** ☐ Addition Change ☐ Delete TITLE HARRINGTON, LAURIE NAME NAME 2221 U.S. HIGHWAY 27 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP1 CITY-ST-ZIP1 SEBRING FL 33870 -Addition Delete TITLE Change GENTRY, PAMELA S NAME NAME 3808 MONZA DRIVE STREET ADDRESS STREET ADDRESS **SEBRING FL 33872** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE WALKUP, PATRICIA NAME 3703 SUNRISE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SEBRING FL 33872** Delete TITLE Change ☐ Addition TITLE MCCLURG, THOMAS E NAME NAME 5333 CAIRO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TID F NAME NAME STREET ADDRESS STREET ADDRESS 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.

CiTY-ST-7IP

SIGNATURE: 1

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR