FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90155 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083171

80099081

1. Entity Name
VINCENT REID ACADEMY OF GOLF, INC.

Principal Place of Business	Mailing Address
118 WOODLAKE WYNDE OLDSMAR, FL 34677	118 WOODLAKE WYNDE OLDSMAR, FL 34677

2. Principal Place of Business	3. Mailing Address
119 Nancy Drive	119 Nancy Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oldsmar FL	City & State: Oldsmar FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3672944 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASKIN, III, HAMDEN H
118 WOODLAKE WYNDE
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name: Baskin, III, Hamden H
Street Address (P.O. Box Number Is Not Acceptable): 119 Nancy Drive
City: Oldsmar FL Zip Code: 34677

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. I am familiar with, and accept the obligations of registered agent.

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 Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: ALBANESE, BEVERLY J STREET ADDRESS: 118 WOODLAKE WYNDE CITY-ST-ZIP: OLDSMAR, FL 34677	[ ] Delete	TITLE: DP NAME: Albanese, Beverly J STREET ADDRESS: 119 Nancy Drive CITY-ST-ZIP: Oldsmar FL 34677	[X] Change [ ] Addition
TITLE: DST NAME: REID, VINCENT L STREET ADDRESS: 6104 WEBB ROAD #600 CITY-ST-ZIP: TAMPA, FL 33615	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E034 (10/02)

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 607, 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.

SIGNATURE: Beverly Albanese - Beverly Albanese 4/28/03 727-251-8317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #