FILED Mar 17, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000097685 **DOCUMENT #**

1. Entity Name



GULF COAST GOLF ACADEMY, INC.					03-17-2003 90713 003	130.00	
Principal Place of Business 2522 MILMAR ORIVE		Mailing Address 2522 W MILMAR DRIVE EAST. SARASOTA FL 34237		•	- - - 1 10011001 (1)1 08116 30161 00511 00511 00511 00511 00511 00511	1881/2 Alian 1818/1 Alian	
2. Principal f	Place of Business	3. Mailing Address	3				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		··- ···	4. FEI Number 65-1046675	Applied For Not Applicable	
Zip	Country	Zip	Country	'		8.75 Additional e Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Age	ent	
PANET-RA	AYMOND; ANDRE			Name			
2522 E MILMAR DRIVE SARASOTA FL 34237				Street Address (P.O. Box Number is Not Acceptable)			
SARASUTA FL 34237			-	City	ty FL Zip Code		
SIGNATURE F	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		(NOTE: Registered A	gent signature required	when reinstating) 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANET-RAYMOND, ANDRE 2522 E MILMAR DRIVE SARASOTA FL 34237	☐ Delete	e TITLE NAME STREET A CITY-ST	· I		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-SI			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A			Change Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET A CITY-ST-			Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-	l l	<u></u>	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-	I		Change Addition	

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 chapter 607, or on an attachment with an address, with all other like expowered.

SIGNATURE:

REQUINE AME OF SIGNING OFFICER OR DIRECTOR

941-350-2999