2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P00000114241 May 01, 2001 8:00 am Secretary of State GOLF CLUB REALTY, INC. 05-01-2001 90025 024 ***150.00 Principal Place of Business Mailing Address 4300 S. U.S. HIGHWAY ONE 4300 S. U.S. HIGHWAY ONE SUITE 211 SUITE 211 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 55aa DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State - 1064400 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SNEDAKER, CHRISTINE B 4300 S. U.S. HIGHWAY ONE **SUITE 211** JUPITER FL 33477 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE Spadaker NAME SNEDAKER, CHRISTINE B NAME ್ಷಗಿಕ STREET ADDRESS STREET ADDRESS 4300 S. U.S. HIGHWAY ONE #211 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Change ☐ Addition TITLE Delete TITLE NAME NAME SNEDAKER, FRANK C STREET ADDRESS STREET ADDRESS 4300 S. U.S. HIGHWAY ONE #211 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

13. 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 11 or Block 12 if changed, or on an attachment with an accuracy, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)