FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State P01000092315 DOCUMENT # 1. Entity Name 04-16-2002 90183 024 ***150.00 GOLF OPERATORS OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 153 NORTHSIDE DR SOUTH 153 NORTHSIDE DR SOUTH JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable <u>59-3746082</u> \$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 LINGER, DAVID M Street Address (P.O. Box Number is Not Acceptable) 302 THIRD STREET STE 5 **NEPTUNE BEACH FL 32266** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change ★★Addition D.P.S. NAME NAME Edwin T. Davis, Jr. STREET ADDRESS STREET ADDRESS 10997 Creekview Drive CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville. FL 32225</u> TITLE ☐ Delete TITLE Change **举**Addition D.T. NAME NAME Thomas E. Fletcher, Jr. STREET ADDRESS STREET ADDRESS 101 Baisden Road, #4 CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville, FL´</u> TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 emergenced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Edwin T. Davis, Jr. Pres.