

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90068 021 ***158.75

DOCUMENT # P02000092686

1. Entity Name

WORLD GOLF VILLAGE ENTERTAINMENT, INC.



Principal Place of Business

**ONE WORLD GOLF PLACE
ST. AUGUSTINE FL 32092**

Mailing Address

**ONE WORLD GOLF PLACE
ST. AUGUSTINE FL 32092**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2375757

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ATTER, HELEN S
ONE WORLD GOLF PLACE
ST. AUGUSTINE FL 32092**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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	P/D	<input type="checkbox"/> Delete
NAME	John E. Peter	
STREET ADDRESS	One World Golf Place	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	Bruce M. Lahti	
STREET ADDRESS	One World Golf Place	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	Helen S. Atter	
STREET ADDRESS	One World Golf Place	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	T	<input type="checkbox"/> Delete
NAME	R. Timothy Cromwell	
STREET ADDRESS	One World Golf Place	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

SIGNATURE REQUIRED Helen S. Atter

3/11/03

904-940-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)