2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # P25286** U.S. GOLF, INC. 04-17-2000 90072 036 ***150.00 es Golf Services + Levelopment Inc 111 ARROWHEAD CT 255 S. ORANGE AVE. WINTER SPRINGS FL 32708 ORLANDO FL 32801-3445 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 38-2734187 Not Applicable 90 Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STANCHINA, WARREN J. Street Address (P.O. Box Number is Not Acceptable) 255 S. ORANGE AVE. **SUITE 1515** ORLANDO FL 32801 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Change ☐ Addition ☐ Detete TITLE. STANCHINA, WARREN J. NAME 255 S ORANGE AVE STE 1515 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE STANCHINA, MARY LYNN NAME NAME 255 S ORANGE AVE STE 1515 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST.-ZIP ORLANDO FL ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 address, with all other like empowered.

FILED