

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

1996 3-20 96 B-2527

(3)

DOCUMENT # P28093

1. Corporation Name

GOLF COURSE BUILDERS OF AMERICA, INCORPORATED



Principal Place of Business

Mailing Address

920 AIRPORT RD  
SUITE 210  
CHAPEL HILL NC 27514

920 AIRPORT RD  
SUITE 210  
CHAPEL HILL NC 27514

3. Date Incorporated or Qualified  
02/14/1990

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERMAN, JERRY  
1201 US HWY 1  
SUITE 425  
NORTH PALM BEACH FL 33408

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jerry Pierman

March 13, 1996

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE  
NAME ARNOLD, PHIL  
STREET ADDRESS 920 AIRPORT RD #210  
CITY-ST-ZIP CHAPEL HILL NC

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME PIERMAN, JERRY  
STREET ADDRESS 1201 US HWY 1 STE 425  
CITY-ST-ZIP NORTH PALM BCH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME KIRCHDORFER, JAMES J.  
STREET ADDRESS 926 BAXTER AVENUE  
CITY-ST-ZIP LOUISVILLE KY

3.1 TITLE D ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME KUBLY, WILLIAM  
STREET ADDRESS 5831 SOUTH 58TH ST., SUITE C  
CITY-ST-ZIP LINCOLN NB

4.1 TITLE VD ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME ELDREDGE, PAUL  
STREET ADDRESS 1901 VAN DYKE RD  
CITY-ST-ZIP PLAINFIELD IL

5.1 TITLE PD ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME GREDVIG, JEFFREY  
STREET ADDRESS 4401 BLAND ROAD, SUITE 200  
CITY-ST-ZIP RALEIGH NC

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phil Arnold

March 13, 1996

919-942-8922

Date

Daytime Phone #

CR2E037 (12/95)