

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90243 040 ****61.25

DOCUMENT # P28093

1. Corporation Name

GOLF COURSE BUILDERS OF AMERICA, INCORPORATED

Principal Place of Business

920 AIRPORT RD
SUITE 210
CHAPEL HILL NC 27514

Mailing Address

920 AIRPORT RD
SUITE 210
CHAPEL HILL NC 27514



2. Principal Place of Business

21 930 Airport Rd.

Suite, Apt. #, etc.

22 Suite 204

City & State

23 Chapel Hill NC

Zip Country

24 27514 25

2a. Mailing Address

26 930 Airport Rd.

Suite, Apt. #, etc.

27 Suite 204

City & State

28 Chapel Hill NC

Zip Country

29 27514 30

3. Date Incorporated or Qualified

02/14/1990

4. FEI Number

23-7121106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

PIERMAN, JERRY
513 US HWY 1
STE 113
N PALM BEACH FL 33408

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE V ☐ DELETE
NAME HUTCHINSON, FRANK
STREET ADDRESS 3660 STONE RIDGE RD, STE F-102
CITY-ST-ZIP AUSTIN TX 78746

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phil Arnold

Date

4/21/99

Daytime Phone #

919-942-8922

CR2E037 (11/98)