**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # **P32080** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90133 035 \*\*\*150.00

Į			

MACGRE	GOR GOLF COMPANY					
		<u>.                                    </u>				
Principal Place	e of Business	Mailing Address				
1601 S. SLAPPE		P.O. BOX 3929				
ALBANY GA 317	701-2631	ALBANY GA 31706-3929 US			DO NOT WRITE IN THIS SPACE	
US	•	03			3. Date Incorporated or Qualifed	
					<del>-12/04/1990</del> 2-1-97	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applie	d For
		26 CAME AC AD	AUT:		58-2285422 Not A	pplicable
Suite, Apt.	E AS ABOVE ————————————————————————————————————	Suite, Apt. #, etc.	<del>)¥E</del>		5. Certificate of Status Desired   \$8.75 Addi	
22		27			Fee Kequi	<del>-</del> -
City & State	9	City & State			6. Election Campaign Financing \$5.00 Ma	•
23		28			Trust Fund Contribution Added to F	ees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	N
24	25	29 3	0		1 dischart topolity tax.	NO
	9. Name and Address of Curren	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent	
רד ר	ORPORATION SYSTEM		"	Name		
	S. PINE ISLAND ROAD		82	Street A	Address (P.O. Box Number is Not Acceptable)	ļ
	ITATION FL 33324		83			
	•		84	City	85 Zip Cod	le
					FL   c   c   c   c   c   c   c   c   c	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	i, the above	e-named o	corporation submits this statement for the purpose of changing its reg oration's board of directors. I hereby accept the appointment as regist	istered ered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE					vouired when reinstating) DATE	
<u></u>	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R ND DIRECTORS	egistered Agen	t signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
TIRE	P	DELETE	1.1 TITLE	—Т	☐ Change	Addition
NAME	MARSH, WILLIAM		1.2 NAME	-	γ	
STREET ADDRESS	1601 S. SLAPPEY BLVD.		1.3 STREET	ADDRESS	MARSH, WILLIAM	
} ` }	ALBANY GA		1.4 CITY-ST	J	2109 POPLARWOOD COURT SUITE 225	Ì
CITY-ST-ZIP TITLE	S	DELETE	2.1 TITLE		RALEIGH, NC 27604 Y Change	Addition
NAME	WORSDALE, RUPERT	• •	2.2 NAME	1	S	
STREET ADDRESS 1601 S SLAPPEY BLVD			2.3 STREET	ADDRESS	CHARLES FRANK	
CITY-ST-ZIP	ALBANY GA		2. 4 CITY-S		650 CALIFORNIA ST. SUITE 2400	
TITLE	//LD/111 O/1	☐ DELETE	3.1 TITLE		SAN FRANCISCO, CA. 94108 Change	☐ Addition
NAME			3.2 NAME		ONE LIMBOLDOU, ON 91100	1
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		
TITLE		DELETE	4.1 TITLE	1	Change Change	Addition
NAME			4. 2 NAME	}	CFO RAVED	1
STREET ADDRESS			4.3 STREET	ADDRESS	CORY RAVID	
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP	650 CALIFORNIA ST. SUITE 2400	
TITLE		DELETE	5.1 TITLE	-1-	SAN FRANCISCO, CA. 94108 Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	F ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST	T- ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME	j		
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	T-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 607, 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:

CITY-ST-ZIP

CR2E034 (11/98)