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Mar 31 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000009892 (0)

1. Corporation Name

GOLDEN BEAR GOLF CENTERS, INC.



Principal Place of Business

11780 US HWY ONE  
SUITE 400  
NORTH PALM BEACH FL 33408

Mailing Address

11780 US HWY ONE  
SUITE 400  
NORTH PALM BEACH FL 33408-3091

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/08/1992

3a. Date of Last Report

02/29/1996

4. FEI Number

65-0381556

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES INC  
11780 US HWY ONE  
SUITE 400  
NORTH 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 607.0502 and 607.1508, 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 607.0505, 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 PD  
NAME ROSMARIN, GARY  
STREET ADDRESS 11780 US HWY ONE STE 400  
CITY-ST-ZIP NO PALM BCH FL ☐ DELETE

TITLE V  
NAME ANDRESS, JEFFREY  
STREET ADDRESS 11780 US HWY ONE STE 400  
CITY-ST-ZIP NO PALM BCH FL ☒ DELETE

TITLE DVAS  
NAME HISLOP, TOM  
STREET ADDRESS 11780 US HWY 1, STE 400  
CITY-ST-ZIP NO PALM BCH FL ☐ DELETE

TITLE DS  
NAME BATES, JACK P  
STREET ADDRESS 11780 US HWY ONE STE 400  
CITY-ST-ZIP NO PALM BCH FL ☐ DELETE

TITLE D  
NAME BELLINGER, RICHARD P  
STREET ADDRESS 11780 US HWY ONE STE 400  
CITY-ST-ZIP NO PALM BCH FL ☐ DELETE

TITLE D  
NAME HESEMAN, MARK  
STREET ADDRESS 11780 US HWY ONE, #400  
CITY-ST-ZIP N PALM BEACH FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

000002128580  
-03/31/97--01098--001  
\*\*\*660.00

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

V  
KELLY, MIKE  
11780 U.S. HIGHWAY ONE, #400  
NORTH PALM BEACH, FLORIDA 33408

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

D  
HISLOP, TOM  
11780 U.S. HIGHWAY  
NORTH PALM BEACH, FLORIDA 33408

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

4  
3-31-97

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

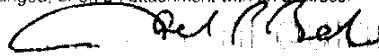
VD  
HESEMAN, MARK  
11780 U.S. HIGHWAY ONE, #400  
NORTH PALM BEACH, FLORIDA 33408

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

VD  
HESEMAN, MARK  
11780 U.S. HIGHWAY ONE, #400  
NORTH PALM BEACH, FLORIDA 33408

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(3)(b), 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.

SIGNATURE:



JACK P. BATES

3/1/97

(561)626-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0301140

CR2E034 (9/96)