

**DOCUMENT # P95000006175**

**1. Entity Name**

**CENTRAL FLORIDA GOLF HOLIDAYS, INC.**

(b) (7)(C), (b) (7)(D)

Principal Place of Business	Mailing Address
417 WHOOPING LOOP SUITE 1701 ALTAMONTE SPRINGS FL 32701	P.O. BOX 162366 ALTAMONTE SPRINGS FL 32701

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>PST</b> <b>HAMILTON, JEFF</b> <b>210 SWEETWATER BLVD. S.</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**SIGNATURE:** Jeff Hamilton 4/5/01 407-260-2288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)