FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2003 8:00 am Secretary of State DOCUMENT

02-28-2003 90141 023 ***150.00

DO NOT WRITE IN THIS SPACE

BOOKMAN &

				60013478		
2. Principal Place of Business 30 PLAYERS CLUB VILLA RD 3. Mailing Address SAME				0001	.0410	
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
SAMC,						
Tonte	VEDRA BEACH OL NO.		$\gamma(\zeta)$	4. FEI Number 65-0580903	Applied For	
320°	82 Country ST Johns, JipVW	V MARK		5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
				Fee Required 7. Name and Address of Current Registered Agent		
Name N						
DO NOT WRITE Nei Street Address (P.O. Box Number is Not Acceptable)						
	IN THIS SPACE		30 PLA	HERS CLUB VILLA TO	2)— — ·	
, INCOLAGE						
		Cit	T J. GV	GNA PCA D	Zin Codo	
8. The abov	e named entity submits this statement for the purpose of	changing its registered offi	10019 1	14 NRA BEART FI	L Zip Code 3208	
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. I am familiar with, and accept						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Ja	nuary 1 - May 1 Fee is \$150.00	(NOTE: Registered Agent	signature required w	hen reinstating) DATE		
	After May 1, Fee is \$550.00 Amended UBR is \$61.25			9. Election Campaign Financing	_ \$5.00 мау Ве	
Make Check	R Payable to Florida Department of State			Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND DIRECTORS	Partie of the content of	a tak no no n' et corre n' cofe			
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12. 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 report or supplemental 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 attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY+ST-ZIP

SIGNATURE: Neil Booknaw

STREET ADDRESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 280 0739. Daytime Phone #