FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90713 038 ***150.00

2003 FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P95000048397 1. Entity Name SOUTHWEST FLORIDA GOLF RANGE DEVELOPMENT, INC.								1000110						
Principal Class	o of Dunings	•	Mailing	- Adakasa			1							
Principal Place C/O ION EBER 5270 TAMARI NAPLES, FL	RT ND RIDGE DI		€/0 J0 5270 3	Mailing Address C/O Jon Ebert 5270 Tamarind Ridge Drive Naples, FL 34119 US										
2. Principal P	lace of Busin	ness	3. Maili	3. Mailing Address										
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State	9			City & State				Number 65-0590	231		├	plied For at Applicable		
Zip Country			Zip		Countr	y 	5. Certificate of Status Desired							
	6. Name	and Address of Curren		Name	7. Na	me and Address of N	ew Regis	stered Ag	ent		-			
COTTER, R 6100 ESTER FT MYERS	RO BLVD					Name Street Address (P.O. Box Number is Not Acceptable)								
					-	City	·			FL	Zip Code	e .	-	
	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 fartilliar with, and accept the obligations of registered agent.													
SIGNATURE Signature, typed or primed name of registered agent and tide if applicable. (NOTE: Registered Agents ignature required when reinstating) OATE														
FILE NOWILL FEE IS \$150:00 After May 1: 2003 Fee will be \$550:00 Make Check Payable to Florida Department of State								9. Election Campaig Trust Fund Contri	bution.	ing 🗆	Added	0 May Be to Fees		
10.	STATE OF THE STATE OF THE	OFFICERS AND	DIRECTO	RS	11.		ADD	ITIONS/CHANGES TO	OFFICE	RS AND E	PECTOR	5 IN 11	1	
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NAME .	EBERT, J	ION	(9		NAME						_>		10	
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CITY-ST-ZIP	NAPLES,	FL 34119			CHY-	ST -ZIP							CRZE034 (10/02)	
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	Certify that th	e information supplied wi	In this filing	does not qualify for			ction 1	19.07(3¥i). Florida Stati	ites 1 fur	ther certif	v that the iii	nformation	1	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 on an attachment with an address, with alfother like empowered.														
SIGNATURE: 4/28/03 239-353-0929														
,		ALORES THORES AND THOSE OF	DOMEST FOR A AREA	IT OF CICHBIA OFFICE	D OD BIDGOT	DVD.		Date		.	ima Dhana "			