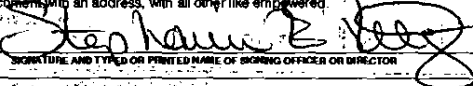


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000070691			
1. Entity Name RETTGER RESORTS OF FLORIDA, INC.			
Principal Place of Business 100 N.E. 20TH TERRACE DEERFIELD BEACH, FL 33441		Mailing Address 100 N.E. 20TH TERRACE DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 1833 BRIDGEWOOD DR		3. Mailing Address 1833 BRIDGEWOOD DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BECA RATON FL		City & State BECA RATON FL	
Zip 33434	Country USA	Zip 33434	Country USA
4. FEI Number 65-0696263		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM D. BEAMER, P.A. 1290 EAST OAKLAND PARK BLVD. SUITE 101 FT. LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name HARRY C. RETTGER III Street Address (P.O. Box Number is Not Acceptable) 1833 BRIDGEWOOD DRIVE City BECA RATON FL Zip Code 33434	
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 the obligations of registered agent. SIGNATURE  DATE 9/1/03 (NOTE: Registered Agent signature required when necessary)			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.20 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RETTGER, HARRY C 100 N.E. 20TH TERRACE DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10002296084 09/11/03--01027--002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RETTGER, STEPHANIE E 100 N.E. 20TH TERRACE DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 9/1/03 CAYMAN PHONE # 561470-5582	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

2003 UBR
\$150.00

9/11