

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90236 038 \*\*\*150.00

**DOCUMENT # P96000081049**

1. Entity Name  
**C-H GOLF I VENTURES, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>3700 S DOUGLAS RD<br>MIRAMAR FL 33025<br>US | Mailing Address<br>701 BRICKELL AVENUE<br>SUITE 3000<br>MIAMI FL 33131<br>US |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |                     |   |  |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 3. Mailing Address  | 4. FEI Number <b>65-0704386</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |
| City & State                   | City & State        | 6. Name and Address of Current Registered Agent           | 7. Name and Address of New Registered Agent            |
| Zip                            | Country             | Zip   | Country  |

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVENUE**  
**SUITE 3000**  
**MIAMI FL 33131**

|  |    |          |
|--|----|----------|
| Name   | FL | Zip Code |
| Street Address (P.O. Box Number is Not Acceptable) |    |          |
| City   |    |          |

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

|   |   |   |                                    |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>COHEN, IRA</b><br><b>4950 NORTHWEST 110TH WAY</b><br><b>CORAL SPRINGS FL 33076</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DPCEO S</b><br><b>COHEN, IRA</b><br><b>4950 NORTHWEST 110TH WAY</b><br><b>CORAL SPRINGS, FL 33076</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>HOCHBERG, STEPHEN L</b><br><b>850 BOYLSTON ST</b><br><b>CHESTNUT HILL MA 02467</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>AMONSON, MARK I</b><br><b>701 BRICKELL AVE</b><br><b>MIAMI FL 33131</b>           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **2/23/02** **954-431-3800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)