2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 28, 2000 8:00 am Secretary of State DOCUMENT # P96000098915 1. Entity Name KSC GOLF MANAGEMENT, INC. 07-28-2000 90144 025 ***558.75 Principal Place of Business Mailing Address 385 HIGHWAY 98E 385 HIGHWAY 98E SUITE 60 SUITE 60 MUUDJJUV DESTIN FL 32541 DESTIN FL 32541-2351 2. Principal Place of Business 3. Mailing Address P.O. Box 701351 .O. Box 701351 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3415352 Not Applicable St. Cloud, FL St. Cloud, FL \$8.75 Additional Country Zip Country **□** 5. Certificate of Status Desired Fee Required 34770-1351 USA 34770-1351 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Reed H. Berlinský LEGLER, MITCHELL W Street Address (P.O. Box Number is Not Acceptable) 300A WHARFSIDE WAY JACKSONVILLE FL 32207 4775 Canoe Creek Road Zip Code 34772 Cloud. nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity, 7/20/2000 Reed H. Berlinsky SIGNATURE DATE nt and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intargible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition DP ☐ Change TITLE TITLE 😾 Delete DP BOS, PETER H NAME NAME Reed H. Berlinsky STREET ADDRESS 385 HIGHWAY 98E, SUITE 60 STREET ADDRESS 4775 Canoe Creek Road CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** St. Cloud, FL 34772 ☐ Change ☐ Addition Delete TITLE TITLE LORENZEN, DWIGHT NAME NAME STREET ADDRESS 385 HWY 98 E, 60 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** Change ☐ Addition TITLE TITLE Delete CLAUSON, GREG NAME NAME STREET ADDRESS 385 HWY 98 E, 60 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Change ☐ Addition TITLE TITLE Delete PARKER, WENDY NAME NAME STREET ADDRESS STREET ADDRESS 385 HWY 98E, 60 CITY-ST-ZIP CITY-ST-ZIP **DESTINF L** Change Addition X Delete TITLE TITLE BURKE, G NAME NAME 385 HWY 98 E, STE 60 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Change Addition TITLE VT TITLE Delete: BUSFIELD, DAVID A NAME NAME STREET ADDRESS 385 HWY 98E, STE 60 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 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 eport 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 true explosured to effect 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.

VEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/2000

407-957-9282

Daytime Phone #