

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91301 009 ***150.00

DOCUMENT # P97000025121

1. Entity Name
N.L GOLF PROPERTIES, INC.

Principal Place of Business

**3225 AVIATION AVENUE
 STE 700
 COCONUT GROVE FL 33133
 US**

Mailing Address

**3225 AVIATION AVENUE
 STE 700
 COCONUT GROVE FL 33133
 US**

2. Principal Place of Business

2200 North Commerce Parkway

Suite, Apt. #, etc.
Suite 206

City & State
Weston Fla

Zip
33326

Country
USA

3. Mailing Address

2200 North Commerce Parkway

Suite, Apt. #, etc.
Suite 206

City & State
Weston Fla

Zip
33326

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0742086**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KLITZMAN, LAWRENCE S
 3225 AVIATION AVENUE
 STE 700
 COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
2200 NORTH COMMERCE PARKWAY Suite 206
 City **Weston** FL Zip Code **33326**

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 *Lawrence S. Klitzman* DATE **4-30-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KLITZMAN, LAWRENCE S	
STREET ADDRESS	3225 AVIATION AVENUE STE 700	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GARS, IRWIN S	
STREET ADDRESS	3225 AVIATION AVENUE STE700	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEISCHER, LAWRENCE	
STREET ADDRESS	14 WILLOW LANE	
CITY-ST-ZIP	KINGS PARK NY 11759	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATKIND, LEON	
STREET ADDRESS	2200 S OCEAN DR #2110	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE S. KLITZMAN	
STREET ADDRESS	2200 NORTH COMMERCE PARKWAY Suite 206	
CITY-ST-ZIP	Weston, Florida 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Lawrence S. Klitzman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-02** Daytime Phone # **954-384-4421**

CR2E034 (9/01)