

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90048 003 \*\*\*150.00

DOCUMENT # P97000067511 (0)

1. Corporation Name

FLORIDA GOLF MANAGEMENT, INC. ✓

Principal Place of Business

450 E. Las Olas Blvd.  
Suite 1400  
Ft. Lauderdale, FL 33301

Mailing Address

450 E. Las Olas Blvd.  
Suite 1400  
Ft. Lauderdale, FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/05/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country  
29 30

4. FEI Number

65-0793088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

American Information Services, Inc.  
One SE Third Avenue 28th Floor  
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE  
NAME William M. Pierce  
STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE P ☐ DELETE  
NAME Richard C. Rochon  
STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE VT ☐ DELETE  
NAME Steven M. Dauria  
STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE VS ☐ DELETE  
NAME Richard L. Handley  
STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE V ☐ DELETE  
NAME James Applegate  
STREET ADDRESS 450 E. Las Olas Blvd., Suite 1400  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven M. Dauria

4-30-99

Date

954-712-1300

Daytime Phone #

CR2E034 (1/98)