2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 1400

450 E. LAS OLAS BLVD.

3. Mailing Address

Suite, Apt. #, etc. <u>Corporate Office</u>

FORT LAUDERDALE FL 33301-4206

O. Box 5025

DOCUMENT # P97000067511

Principal Place of Business

J... LAUDERDALE FL 33301

2. Principal Place of Business

.... E. LAS OLAS BLVD.

Suite, Apt. #, etc.

SIGNATURE:

City & State

------ 1400

FLORIDA GOLF MANAGEMENT, INC.

3201 W. Rolling Hills Circle

t. Lauderdale, FL Boca			Boca Rato, FL	no Boto ET			65-0793066				t Applicable
Zip	<u>cruare,</u>	Country	Zip Zip	Country		- †				8.75 Add	itional
33328	1		33431			5. (Certificate of Statu	is Desired		ee Required	
· <u>3 3 7 </u>	6. Name o	and Address of Current Re				7. N	lame and Addres	ss of New Rec	istered Aç	ent	
AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVENUE 28TH FLOOR MIAMI FL 33131					ame						
					Charles Address (BO Bas Number in Net Accordable)						
					Street Address (P.O. Box Number is Not Acceptable)						
											
IAHICIAI	1 L 00101										
				(Ci	ity				FL	Zip Code	
								Otata of Florida			
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE											
9 This corpo	ole to satisfy its Intangible	!! FEE IS \$	\$150.00		40 51-41 0	iee Fine	:	A E A	ا		
Tax filing requirement and elects to do so. After MAY 1, 2000						0	10. Election C	ampaign Final I Contribution.	ncing	U.C¢	May Be to Fees
(See criteria on back) Make Check Payable							l llustranc	COMMUNICATION.	_	Added	(0 1 063
11.		OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANG	SES TO OFFIC	ERS AND I	DIRECTORS	S IN 11
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NAME	PIERCE, W	/ILLIAM M	5500.0	NAME	}						
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NAME	DAURIA, S			NAME	,,,,,,,,,	14 12	Camino Re	1			
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CITY-ST-ZIP		RDALE FL 33301			ur BC	ca Ra	aton, FL	33432			
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STREET ADDRESS		OLAS BLVD, #1400		STREET AD	1	OE.	Las Olas	BIVa.,	#1500		
CITY-ST-ZIP	FT LAUDE	RDALE FL 33301		CITY-ST-Z	ZIP						
TITLE	٧		☐ Delete	TITLE	i					🔀 Change	Addition
NAME		re, James		NAME	ł						ĺ
STREET ADDRESS	450 E LAS OLAS BLVD, SUITE 1400			STREET AD	TADDRESS 501 E. Camino Real						
CITY-ST-ZIP	FORT LAU	IDERDALE FL 33301		CITY-ST-Z	ZIP BOC	a Rat	ton, FL	33432			
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13. I hereby o	ertify that the	information supplied with t	his filing does not qualify for	r the exempti	ion stated in	Section	119.07(3)(i), Flori	da Statutes. I f	urther certi	fy that the in	nformation
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 empsyment 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.											
changed,	or on an atta	chment with an address, w	all other like empowered.	us required t	oy Chapter	اللادا , الحو	ou otatotes, and	anacing name	appears in		

Auria Steven M. Dauria

FILED May 04, 2000 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

☐ **▲** FEI Number

561-447-5300

Daytime Phone #

Applied For