DOCUMENT # P9700067511

1. Entity Name

FLORIDA GOLF MANAGEMENT, INC.

Principal Place of Business	Mailing Address	
3201 W. ROLLING HILLS CIRCLE FORT LAUDERDALE FL 33328 US	PO BOX 5025 CORPORATE OFFICE BOCA RATON FL 33431 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED May 03, 2001 8:00 am Secretary of State 05-03-2001 90090 045 ***150.00

3201 W. ROLLI FORT LAUDERI US	NG HILLS CIRCLE DALE FL 33328		PO BOX 5025 CORPORATE OFFICE BOCA RATON FL 33431 US)		(881 1/81 1/881
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE I	N THIS SI	PACE			
City & Stat	te	:	City & State		4 . F	El Number	65-0793088		f	oplied For ot Applicable	
Zip		Country	Zip Country			5. (5. Certificate of Status Desired See Required				
	6. Name an	d Address of Current Re	gistered Agent			7. N	lame and Addr	ess of New Reg			
ΔMF	RICAN INFOR	MATION SERVICES IN	r.		Name						
AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVENUE 28TH FLOOR			ĺ	Street Address (P.O. Box Number is Not Acceptable)							
MAIM	VII FL 33131			ļ	7						
ı				ļ	City				FL	Zip Cod	e
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.											
o, me above	mamed emity sc	ionna una statement loi ui	le purpose or changing its	egistere	id dilice of 1	egistered agr	ent, or boar, in t	ne state of Florid	а.		}
SIGNATURE .		inted name of registered agent and		<u></u>					 -		{
	Signature, typed or pr	inted hame of registered agent and	title if applicable. (NOTE:	Registered	Agent signature	required when te	instating)		DATE		
Tax filing requirement and elects to do so. After MAY 1, 2			FILE NOW!! After MAY 1, 200 Make Check Payab!	1 Fee	will be \$55	0.00		Campaign Financ nd Contribution.	cing 		O May Be I to Fees
11.		OFFICERS AND DIF	RECTORS	12.		AD	I DITIONS/CHAN	IGES TO OFFICE	RS AND (DIRECTORS	S IN 11
TITLE	DV		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS	PIERCE, WILI 501 E. CAMII			NAME	ET ADDRESS]
CITY-ST-ZIP	BOCA RATO				ST-ZIP						ł
TITLE	P		☐ Delete	TITLE				<u> </u>		☐ Change	Addition
NAME	ROCHON, RI			NAME	1						[
STREET ADDRESS CITY-ST-ZIP		DLAS BLVD. #1500 PRDALE FL 33301			et address St-zip			r.			}
TITLE	VT	INDALE IL 30001	☐ Delete	TITLE				_ 		Change	Addition
NAME	DAURIA, STE		2 50.00	NAME						_	_ }
STREET ADDRESS	501 E. CAMII				T ADDRESS						{
CITY-ST-ZIP	BOCA RATOI SV	N FL 33432	☐ Delete		ST-ZIP					☐ Change	Addition
TITLE NAME	HANDLEY, RI	ICHARD L	L.J. Delete	TITLE	}				ļ	Unange	☐ Addition
STREET ADDRESS		DLAS BLVD. #1500			T ADDRESS						}
CITY-ST-ZIP	FT LAUDERD	ALE FL		CITY-	ST-ZIP						
TITLE	V ADDLECATE	IAMEO	☐ Delete	TITLE	í					Change	☐ Addition
NAME STREET ADDRESS	APPLEGATE, 501 E. CAMIN			NAME	T ADDRESS						
CITY-ST-ZIP	BOCA RATO				ST-ZIP						\
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME				NAME	,						J
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP						
40 15				GILY.	31^217						

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 eath; 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:

Steven M. Dauria

E AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

561-447-5300

Date

Daytime Phone #