2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000085455** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name GOLDEN BEAR PROPERTIES, INC. 04-24-2000 90093 006 ***150.00 Mailing Address Principal Place of Business 11780 U.S. HIGHWAY ONE STE. 300 11780 U.S. HIGHWAY ONE STE. 300 NORTH PALM BEACH FL 33408-3042 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0806897 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FHS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 11780 U.S. HIGHWAY ONE STE. 300 NORTH PALM BEACH FL 33408 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEOD ☐ Change ☐ Addition TITLE Delete TITLE NICKLAUS, JACK W NAME NAME STREET ADDRESS 11780 U.S. HIGHWAY ONE STE. 300 STREET ADDRESS CITY-ST-ZIP **NORTH PALM BEACH FL 33408** CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE FENTON, IRA NAME 11780 U.S. HIGHWAY ONE STE. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NORTH PALM BEACH FL 33408** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE BATES, JACK P NAME NAME 11780 U.S. HIGHWAY ONE STE, 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NORTH PALM BEACH FL 33408** CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Jack P. Bates, Segretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

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