2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000106966** May 04, 2000 8:00 am 1. Entity Name CLUB MANAGEMENT SERVICES, INC. Secretary of State 05-04-2000 90180 019 ***150.00 Principal Place of Business Mailing Address 1380 S.W. KANNER HIGHWAY 1380 S.W. KANNER HIGHWAY STUART FL 34997 STUART FL 34997-7111 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0800764 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAMER, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 2307 S.E. MONTEREY ROAD. STUART FL 34996 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** Mav Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS VTD TITLE Addition Delete TITLE FOWLER, WILLIAM NAME NAME 851 SE Monterey Commons Blod Stuart, K 34996 STREET ADDRESS STREET ADDRESS 1380 S.W. KANNER HIGHWAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 **PSD** ☐ Addition TITLE TITLE COTTEN, GREG NAME 1380 S.W. KANNER HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete STEVENS, SUSAN NAME NAME 1380 S.W. KANNER HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34997 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITI F 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.

ISAN Stevens 4-6-00