2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P97000106966 1. Entity Name CLUB MANAGEMENT SERVICES, INC. 04-28-2001 90052 010 ***150 00 Principal Place of Business Mailing Address 1380 S.W. KANNER HIGHWAY 1380 S.W. KANNER HIGHWAY STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0800764 Not Applicable Zip Country Country \$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 KRAMER, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 2307 S.E. MONTEREY ROAD STUART FL 34996 Zip Code FL 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 reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VTD Change ☐ Addition □ Delete TITLE TITLE NAME FOWLER, WILLIAM NAME STREET ADDRESS STREET ADDRESS 851 SE MONTEREY COMMONS BLVD CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 ☐ Addition PSD ☐ Delete TITLE Change NAME STEVENS, SUSAN NAME STREET ADDRESS 1380 S.W. KANNER HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34997 DIRECTOR. . Change Addition TITLE Delete TITLE ---KRAMER, ROBERT 1380 SW KANNER HIGHWAY STUART, FL 34997 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

3. 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

STREET ADDRESS

CITY-ST-ZIP

Lusax Stevens

3-31-01

561-287-8880

Daytime Phone #