2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000041510

1. Entity Name

CLASSIC GOLF CONSTRUCTION, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90140 047 ***150.00

Principal Place of Business 4190 SE ROBERT LOOP RD STUART FL 34997				Mailing Address 4190 SE ROBERT LOOP RD STUART FL 34997								
2. Principal Place of Business				3. Mailing Address				-				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FE	65-0828895	I	pplied For ot Applicable	
Zip	. Country Zip			Country			5. Ce	ertificate of Status Desired	\$8.75 Ad Fee Require			
6. Name and Address of Current Registered Agent									7. Name and Address of New Registered Agent			
المراب المراجع المتعارض والمتعارض وا							Name					
BROWN, ELLIS E II.							Street Address (P.O. Box Number is Not Acceptable)					
4190 SE ROBERT LOOP RD									· · · · · · · · · · · · · · · · · · ·			
STUART FL 34997												
•									F	L Zip Cod	de	
	named entity ons of regist		or the purp	oose of changing its	registere	ed office or r	egistered	ager	nt, or both, in the State of Florida. I ar	n familiar with.	, and accept	
SIGNATURE €									- 	3		
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOTE	Registered	d Agent signature	e required who	en rein:	stating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Financing Trust Fund Contribution.		OO May Be d to Fees	
10.		OFFICERS AND						ADD	ITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE NAME	PTD Brown, I			☐ Delete	TITLE				·	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	ADDRESS 4190 SE ROBERT LOOP RD					ET ADDRESS -ST-ZIP						
TITLE				☐ Delete	TITLE		•			☐ Change	☐ Addition	
NAME					NAM	E						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST - ZIP						
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NAME					NAME						ĺ	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST- ZIP				•		
	ortify that the	information cumplied with	thic filing	does not qualify for		L	d in Section	nn 11	19.07(3)(i), Florida Statutes. I further of	artify that the	information	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-0

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CH2E034 (10/0)