2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P98000053778** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** DAYTONA BEACH GOLF GET-A-WAY, INC. 03-01-2000 90044 032 ***150.00 Principal Place of Business Mailing Address 126 EAST ORANGE AVENUE 126 EAST ORANGE AVENUE DAYTONA BEACH FL DAYTONA BEACH FL 32114-4406 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 59-3089318 Not Applicable Zip Country Country 7ip \$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 BROWN, G. GARY Street Address (P.O. Box Number is Not Acceptable) 126 EAST ORANGE AVENUE DAYTONA BEACH FL 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 . DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition Change TITLE TITLE ☐ Delete BROWN, G. GARY NAME NAME STREET ADDRESS STREET ADDRESS 2411 S. ATLANTIC AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 Change ☐ Addition TITLE ☐ Delete TITLE HARRIS, MIKE NAME NAME STREET ADDRESS. STREET ADDRESS 312 INDIGO DR CHTY-ST-ZIP DAYTONA BCH FL 32114 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE FORNARI, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 3301 S ATLANTIC AVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32118 ☐ Addition ☐ Delete TITLE TITLE NAME DONOHUE, DONALD MARKE STREET ADDRESS STREET ADDRESS 53 EAST HAMPTON BLVD CITY-ST-ZIP CITY-ST-7IP PALM COAST FL 32151 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY BROWN

1/18/00 904-239-70W