

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065428

1. Entity Name
DIAMOND LAKES GOLF, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90074 009 ***150.00

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|---|---|
| Principal Place of Business 735 COMMERCE CIRCLE LONGWOOD FL 32750 | Mailing Address 735 COMMERCE CIRCLE LONGWOOD FL 32750 |
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| 2. Principal Place of Business 130 Bowmar Court | 3. Mailing Address P.O. Box 541507 |
| Suite, Apt. #, etc. Suite 210 | Suite, Apt. #, etc. |
| City & State Longwood, Florida | City & State Orlando, FL 32854-1507 |
| Zip 32750 | Country USA |

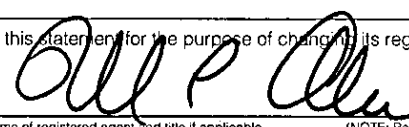


DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3524160 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ALLEN, RONALD P 940 DOUGLAS AVENUE #128 ALTAMONTE SPRINGS FL 32714 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

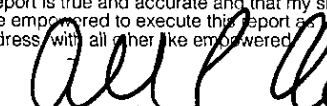
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Ronald P. Allen, President** **4/27/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALLEN, RONALD P 940 DOUGLAS AVENUE # 103 ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 940 Douglas Ave. #128 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KELLY, GAIL L 32440 COUNTY ROAD 437 SORRENTO FL 32776 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **Ronald P. Allen** **4/27/01** **407-767-8528**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (10/00)