2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000081690 May 19, 2000 8:00 am Secretary of State 1. Entity Name SUN CITY GOLF & CARS, INC. 05-19-2000 90081 036 ***150.00 Mailing Address Principal Place of Business 7015 N ARMENIA AVE 7015 N ARMENIA AVE TAMPA FL 33604 TAMPA FL 33604-5252 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3532493 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Name REID. PHILLIP A Street Address (P.O. Box Number is Not Acceptable) 7015 N ARMENIA AVE **TAMPA FL 33604** 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, 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HAWKE, BRIAN H NAME NAME STREET ADDRESS STREET ADDRESS 6407 112TH AVE CITY-ST-ZIP CITY-ST-ZIP **TEMPLE TERRACE FL 33617** ☐ Addition ☐ Delete TITLE ☐ Change TITLE HAWKE, STEPHEN A NAME STREET ADDRESS STREET ADDRESS 10903 THERESA ARBOR CITY-ST-ZIP CITY-ST-7IP TEMPLE TERRACE FL 33617 Addition ☐ Change Delete TITLE REID, PHILLIP A NAME STREET ADDRESS STREET ADDRESS 7015 N ARMENIA AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 ☐ Change Addition ☐ Delete TITLE TITLE RICHARDS, STEVEN A NAME NAME STREET ADDRESS STREET ADDRESS 6708 E 113TH AVE CITY-ST-ZIP **TEMPLE TERRACE FL 33617** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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.

RICHARDS, Pars. 4/3