2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90116 046 ***150.00

DOCUMENT # P99000029451

1. Entity Name
SUNBELT GOLF PROPERTIES, INC.

Principal Place of Business	Mailing Address
3639 N.W. 108TH BLVD. GAINESVILLE FL 32606	3639 N.W. 108TH BLVD. GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10922 NW 36th Place	10922 NW 36th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesvill, FL 32606	City & State: Gainesvill, FL.
Zip: 32606 / Country: USA	Zip: 32606 / Country: USA

4. FEI Number 59-3565805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEDVINA, TIM
3639 N.W. 108TH BLVD.
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name: Tim Ledvina
Street Address (P.O. Box Number is Not Acceptable): 10922 NW 36th Place
City: Gainesvill Zip Code: 32606

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: T Ledvina Tim Ledvina 4-23-01
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) ☐

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. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEDVINA, TIM 3639 NW 108TH BLVD. GAINESVILLE FL 32606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tim Ledvina 10922 NW 36th Pace Gainesvill, FL 32606 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT STE MARIE, CLAUDE RT. 18 BOX 707 LAKE CITY FL 32025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Tim Ledvina Tim Ledvina 4-23-01 352 331-5399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)