| | 1 UNIFORM BUSI | | PRT (UBF | R) | m/9/2 |
|--|---|--|---|--|---|
| DOCUMENT # P9900055310 1. Entity Name | | | | | |
| GO | DLF COURSE DEVELOPMENT | FILED SEP 17 PM 3: 06 | | | |
| 442 | ce of Business 20 Beacon Circle st Palm Beach, FL 3340 | Mailing Address same 07 | • | TAULAHASSEE FLORIDA | |
| 2. Principal Place of Business 3. Mailing Address 4420 Beacon Circle same Suite. Apt. #, etc. Suite. Apt. #, etc. | | | DO NOT WRITE IN THIS SP | 'ACE | |
| City & Stat | te Palm Beach, FL | City & State | | 4. FEI Number 65–0938205 | Applied For Not Applicable |
| Zip 33407 | | Zip | Country | 5. Certificate of Status Desired | 8.75 Additional se Required |
| | 6. Name and Address of Current F | Registered Agent | Name | 7. Name and Address of New Registered Ag | ent |
| Ward, 4420 | ip Ha-Ward, HII Damon, Posner & Gilb Beacon Circle Palm Beach, FL 33407 | | | Address (P.O. Bòx Númber is Not Acceptable) | 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 Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| | | | III FEE IS \$150.0 001 Fee will be \$55 ble to Department | 550.00 Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND I President/ Sec/treas Magdelena Neuwirth 5555NE 15th Street # Miami, FL 33132 | surer 🗆 Delete | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND COMMENT OF THE PROPERTY OF T | 1 Change Addition 8 43013 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition |
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| NAME: STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | . [| Change Addition |
| 13. I hereby of indicated | certify that the information supplied with f on this report or supplemental report is | this filing does not qualify for true and accurate and that r | r the exemption state ny signature shall ha | ated in Section 119.07(3)(i), Florida Statutes. I further certify have the same legal effect as if made under oath; that I am | that the information an officer or director |

/4-09-0/ 56/-892-3000 Date Dayline Phone #



Golf Course Development and Construction, Inc.

4420 Beacon Circle West Palm Beach FL 33407 Tel: (561) 842-3000 Fax: (561) 842 3626 e-mail: MNeuwirth@aol.com

August 18th, 2001

Department of State
Division of Corporations
Uniform Business Report Filings
Katherine Harris

PL-02, The Capitol Tallahassee, FL 323990-0250

Dear Department of State:

I would like to apologize for the delay of the renewal of my corporation but till today I have not received the document UBR.

I have mailed the check of \$ 150.00 in February 2001 but the check has never been charged from you. Since I started this business not long time ago I have to travel a lot in Europe. Therefore I did not receive the information from my CPA on time.

I would like to ask if you could accept the check of \$ 150.00.

I thank you very much in advance

Magdalena Neuwirth

President