2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State P99000068097 DOCUMENT # 1. Entity Name 04-23-2002 90358 050 ***158 ANDERSON GOLF CONSTRUCTION INC. Mailing Address Principal Place of Business P.O. BOX 935 425 S.E. 16TH AVE. OKEECHOBEE FL 34973 OKEECHOBEE FL 34974 3. Mailing Address 2. Principal Place of Business <u>125 SE 16th Avenue</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0933976 Not Applicable Okeechobee, FL\$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required Okeechobee 34974 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, GEORGE G JR. Street Address (P.O. Box Number is Not Acceptable) 425 S.E. 16TH AVE. **OKEECHOBEE FL 34974** Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. -Change ☐ Addition TITLE ☐ Delete TITLE NAME ANDERSON, WILLIAM C NAME STREET ADDRESS 425 S.E. 16TH AVE. STREET ADDRESS CITY-ST-ZIP **OKEECHOBEE FL 34974** CITY-ST-ZIP ☐ Change XX Addition TITLE Delete V/S TITLE Anna Morena Zeh NAME ANDERSON, GEORGE C JR. NAME STREET ADDRESS 425 S.E. 16TH AVE. 28 Pheasant Ct. STREET ADDRESS CITY-ST-ZIP **OKEECHOBEE FL 34974** <u> 29841</u> CITY-ST-ZIP N. Augusta, SC Addition ☐ Delete 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 peport 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 of trustee employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attentional trustee that do address with all other like appearance. of the corporation or the rechanged, or on an attaching

SIGNATURE:

FILED