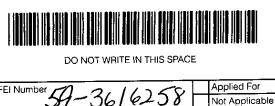
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000101952 1. Entity Name RSA GOLF, INC. Mailing Address Principal Place of Business 3117 MOHAVE WAY 3117 MOHAVE WAY JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 8. SI CI SI

Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90092 041 ***150.00



\$8.75 Additional

Fee Required

HATHAWAY, RICHARD G 10151 DEERWOOD PARK BLVD. BLDG. 100-SUITE 250 JACKSONVILLE FL 32256 The above named entity submits this statement for the purpose of changing its registers GNATURE			Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code red office or registered agent, or both, in the State of Florida.			
Signature, typed or printed name of registered agent This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	s corporation is eligible to satisfy its Intangible filing requirement and elects to do so. FILE NOW!!! FE After MAY 1, 2000 Fo		00 50.00 of State	10. Election Campaign Financing Trust Fund Contribution.	☐ Added	May Be to Fees
TLE D LABAR, JAMES C IREET ADDRESS ITY-ST-ZIP JACKSONVILLE FL 32259	Delete T	2. ITLE IAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICERS A	AND DIRECTORS Change	Addition
TILE D AME LABAR, JAMES C TREET ADDRESS ITY-ST-ZIP JACKSONVILLE FL 32259	. <u>—</u> 55565	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRIC 3117 M	K MURPHY NOHAUE WAY SONVILLE, FL 32	ÆChange > 57	☐ Addition
THEET ADDRESS ITY-ST-ZIP JACKSONVILLE FL 32259	. I	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
AME TREET ADDRESS ITY-ST-ZIP	- Summ	TITLE NAME Street address City-St-Zip			☐ Change	Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE IAME STREET ADDRESS STY-SI-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
13. I hereby certify that the information supplied with indicated on this report or supplemental report of the conocration or the receiver or trustee empedanged, or on an attachment with an address.	oowered to execute this report as re with all other like empowered.	exemption sta gnature shall h equired by Cha	ted in Section lave the same apter 607, Flori	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; th da Statutes; and that my name appe	r certify that the ir at I am an officer ars in Block 11 or	nformation or director Block 12 if

SCHATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

Daytime Phone #