FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2000 8:00 am Secretary of State **DOCUMENT # V35114** 1. Entity Name PGA ST. LUCIE, INC. 03-02-2000 90070 028 ***150.00 Principal Place of Business Mailing Address 100 AVENUE OF THE CHAMPIONS AVENUE OF THE CHAMPIONS BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0394724 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ---- -6.: Name and Address of Current Registered Agent GARRITY, CHRISTINE M. Street Address (P.O. Box Number is Not Acceptable) 100 AVENUE OF THE CHAMPIONS PALM BEACH GARDENS FL 33418 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1, 12. 11. CR2E034 (9/99) Kohler, Jr., Herbert V. 100 Avenue of the Champions □ Сћалое PD TITLE ☐ Delete TITLE AWTREY, JIM NAME NAME STREET ADDRESS 100 AVENUE OF THE CHAMPIONS STREET ADDRESS Palm Beach Gardens, Fr 33418 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Addition ☐ Delete TITLE Change TITLE POTTINGER, KIRK NAME NAME STREET ADDRESS 100 AVE. OF THE CHAMPIONS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL Delete TITLE Change ☐ Addition KLINE, VIC NAME NAME termexpired 100 AVE. OF THE CHAMPIONS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palm Beach Fl ☐ Delete TITI F ☐ Change ☐ Addition TITLE GARRITY, CHRISTINE M NAME NAME STREET ADDRESS STREET ADDRESS 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change Addition Delete TITLE TITLE HORRELL, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 100 AVE. OF THE CHAMPIONS PALM BEACH GARDENS FL 33418 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JONES, TOM NAME NAME STREET ADDRESS STREET ADDRESS 100 AVENUE OF THE CHAMPIONS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GARDENS FL 33418

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000

561 624 8549

Daytime Phone #