2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39602

1. Entity Name

RED BAY GOLF, INC.

Principal Place of Business	Mailing Address
177 RACHELS WAY RED BAY FL 32455 US	P O BOX 2001 RED BAY FL 32455 US

2. Principal Place of Business	3. Mailing Address
Highway 81 South	P.O. Box 2041
Suite, Apt. #, etc.	Suite, Apt. #, etc.

REINSTATEMENT DO NOT WRITE IN THIS SPACE

City & State Red Bay	City & State Red Bay FL	4. FEI Number 59-3136525	Applied For / Not Applicable
Zip 32455 Country Walton	Zip 32455 Country WALTON	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZEANCHOCK, DONALD 177 RACHELS WAY RED BASY FL 32455	Name: Yvonne Sanker Street Address (P.O. Box Number is Not Acceptable) Highway 81 South City: Red Bay FL Zip Code 32455

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 _Yvonne Sanker_ Yvonne Sanker, Sec 10/31/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

☐ This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $550.00** After SEPTEMBER 13, 2000 Min. will be $750.00 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	PD SANKER, RONALD J. 5330 LONGBROOK RD LORRAINE OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003505861--8 --12/19/00--01059--005 ****750.00 ***750.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGA, GERALD M. 1015 W 45 PL LORRAINE OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZEANCHOCK, DONALD 3795 HWY. 98 EAST DESTIN FL	☑ 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
TITLE NAME STREET ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	☐ Change ☐ Addition

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_ 12-11-00 440 245 2836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)