

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90058 005 ***158.75

DOCUMENT # 284160

1. Entity Name
PRIDE GOLF TEE COMPANY

Principal Place of Business 187 WATER ST PO BOX 237 GUILFORD ME 04443 US	Mailing Address 211 PRIDE RD TAMPA FL 33169-8052 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0271912	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, MARRITT A.
501 EAST KENNEDY BOULEVARD
SUITE 1250
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	
TITLE NAME PD ELLIS, WILLIAM R. STREET ADDRESS W8175 MILLIE HILL ESTATES DR CITY-ST-ZIP IRON MOUNTAIN MI 49801	<input type="checkbox"/> Delete
TITLE NAME D ELLIS, ARIEL W STREET ADDRESS 3450 W PEBBLE BEACH CT. CITY-ST-ZIP LECANTO FL	<input type="checkbox"/> Delete
TITLE NAME D PRIDE, ROBERT B. STREET ADDRESS 258 PINE STREET CITY-ST-ZIP DOVER-FOXCROFT ME	<input type="checkbox"/> Delete
TITLE NAME CD PRIDE, STANLEY G. STREET ADDRESS 2405 ARDSON PLACE #904A CITY-ST-ZIP TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME TDS HEWETT, VANDY E. STREET ADDRESS DOVER RD CITY-ST-ZIP MILO ME	<input type="checkbox"/> Delete
TITLE NAME D PRIDE, LIZA S STREET ADDRESS 2405 ARDSON PL NO 904A CITY-ST-ZIP TAMPA FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME TDS Hewett, Vandy E. STREET ADDRESS 77 Milo Rd CITY-ST-ZIP Sebec, ME 04481	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Hewett, Russell STREET ADDRESS 77 Milo Rd CITY-ST-ZIP Sebec, ME 04481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Ellis, Gregory STREET ADDRESS 20 Forest Park CITY-ST-ZIP Waterville, ME 04901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Hawkes, David STREET ADDRESS 482 Congress St. Sutr 4000 CITY-ST-ZIP Portland, ME 04101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Ellis, Shirley STREET ADDRESS 3450 W Pebble Beach Ct CITY-ST-ZIP Lecanto, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Vandy E. Hewett** **4/25/01** **207-876-3315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)