

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90392 039 \*\*\*150.00

**DOCUMENT # 581746**

1. Entity Name  
**CREIGHTON GOLF ENTERPRISES, INC.**

Principal Place of Business  
**4417 NORTHDAL BLVD.**  
**TAMPA FL 33624**

Mailing Address  
**4417 NORTHDAL BLVD.**  
**TAMPA FL 33624**

2. Principal Place of Business  
**16113 E Course Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**16113 E Course Dr**  
 Suite, Apt. #, etc.

City & State  
**Tampa, FL**  
 Zip  
**33624**  
 Country  
**Hills**

City & State  
**Tampa, FL**  
 Zip  
**33624**  
 Country  
**Hills**

4. FEI Number **59-1900771**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**CREIGHTON, DAVID T.**  
~~**4417 NORTHDAL BLVD.**~~  
**TAMPA FL 33624**

## 7. Name and Address of New Registered Agent

Name  
**David T Creighton**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16113 E Course Dr**  
 City **Tampa** **FL** Zip Code **33624**

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 **David T Creighton**

(NOTE: Registered Agent signature required when reappointing)

DATE

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  
**PST**  
 NAME  
**CREIGHTON, DAVID T.**  
 STREET ADDRESS  
**4417 NORTHDAL BLVD.**  
 CITY-ST-ZIP  
**TAMPA FL**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PST**  
 NAME  
**David T. Creighton**  
 STREET ADDRESS  
**16113 E Course Dr**  
 CITY-ST-ZIP  
**Tampa, FL 33624**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ 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: **David T Creighton**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 1, 2001** **813-966-1766**  
 Daytime Phone #

CR2E034 (10/00)