

# 2000 UNIFORM BUSINESS REPORT (UBR)

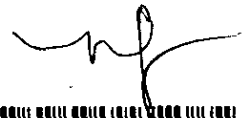
**DOCUMENT # L99000000913**

1. Entity Name  
**GOLF DATATECH, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 24 AM 10: 02

Principal Place of Business 21 SOUTH CLYDE AVENUE KISSIMMEE FL 34741	Mailing Address 21 SOUTH CLYDE AVENUE KISSIMMEE FL 34741
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3379760</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**STINE, THOMAS**  
21 SOUTH CLYDE AVENUE  
KISSIMMEE FL 34741

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME MGRM STINE, THOMAS STREET ADDRESS 2788 KISSIMMEE BAY BOULEVARD CITY-ST-ZIP KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME MGRM OVERMEYER, DAVID STREET ADDRESS 6 PINWOOD WAY CITY-ST-ZIP MATTAPOISETT MA 02739	<input type="checkbox"/> Delete
TITLE NAME MGRM KRZYNOWEK, JOHN STREET ADDRESS 31451 WEST SOMERSET CITY-ST-ZIP GREEN OAKS IL 60048	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1760 Lee Janzen Dr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>200003384492--7</b> <b>-09/06/00--01114--003</b> <b>*****50.00 *****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**      Date: **8/17/00**      Daytime Phone #: **407-944-4116**

CR2E083 (5/00)