

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91124 024 \*\*\*158.75

0360247

**DOCUMENT # P00000033421**

1. Entity Name  
**YA YA GOLF, INC.**

Principal Place of Business  
**6860 GULFPORT BLVD., S.  
 PASADENA FL 33707**

Mailing Address  
**6860 GULFPORT BLVD., S.  
 PASADENA FL 33707**

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

**59-3639804**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, J. MATTHEW  
 6860 GULFPORT BLVD., S.  
 PASADENA FL 33707**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**D**  
 NAME **POWELL, J. MATTHEW**  
 STREET ADDRESS **6860 GULFPORT BLVD., S.**  
 CITY-ST-ZIP **PASADENA FL 33707**

TITLE  Change  Addition  
**P/D**  
 NAME **Powell, J. Matthew**  
 STREET ADDRESS **11345 W Hwy 326**  
 CITY-ST-ZIP **Ocala FL, 34482**

TITLE  Delete  
**D**  
 NAME **POWELL, BEVERLY ANN**  
 STREET ADDRESS **87 F GOLF PKWY**  
 CITY-ST-ZIP **MADISON WI 53704**

TITLE  Change  Addition  
**S/D**  
 NAME **Powell, Beverly Ann**  
 STREET ADDRESS **87 F Golf Pkwy**  
 CITY-ST-ZIP **MADISON, WISC 53704**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *J. Matthew Powell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-01** **727-463-6379**  
 Date Daytime Phone #

CR2E034 (10/00)