

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90742 034 \*\*\*150.00

0236808 AV

**DOCUMENT # P00000117416**

1. Entity Name

STONEHOUSE BROS. GOLF CLASSICS, INC.



Principal Place of Business

1210 N.E. 97TH STREET  
MIAMI SHORES FL 33138

Mailing Address

1210 N.E. 97TH STREET  
MIAMI SHORES FL 33138

2. Principal Place of Business

214 Shelter Lane

3. Mailing Address

214 Shelter Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33469

Country

Zip

33469

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1070612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE

WHITE & CASE LLP

200 S. BISCAYNE BLVD. SUITE 4900

MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME D HOFFMAN, KAREN PAMELA

STREET ADDRESS 1210 N.E. 97TH STREET

CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ Delete

NAME P/S HOFFMAN, KAREN PAMELA

STREET ADDRESS 1210 N.E. 97TH STREET

CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ Delete

NAME T HOFFMAN, KAREN PAMELA

STREET ADDRESS 1210 N.E. 97TH STREET

CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME 214 Shelter Lane

STREET ADDRESS JUPITER, FL 33469

TITLE ☒ Change ☐ Addition

NAME 214 Shelter Lane

STREET ADDRESS JUPITER, FL 33469

TITLE ☒ Change ☐ Addition

NAME 214 Shelter Lane

STREET ADDRESS JUPITER, FL 33469

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen P. Hoffman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 745-1247

Date

Daytime Phone #

CR2E034 (10/02)