

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031722

1. Entity Name
NINETEENTH HOLE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90981 010 ***150.00

Principal Place of Business Mailing Address
6196 S.FEDERAL HWY. 7557 SE PELICAN WAY
STUART FL 34996 HOBE SOUND FL 33455-6231

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	59-3178413	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BURNS, RICHARD J 7557 S.E. PELICAN WAY HOBE SOUND FL 33455				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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, 2000 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	DPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNS, RICHARD J			NAME			
STREET ADDRESS	7557 SE PELICAN WAY			STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL 33455			CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNS, STEPHEN R			NAME			
STREET ADDRESS	8 APPETREE LN			STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON MA 01887			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNS, MICHAEL J			NAME			
STREET ADDRESS	37 CLIFFE AVE			STREET ADDRESS			
CITY-ST-ZIP	LEXINGTON MA			CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE	Leslie Burns Gallagher	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BURNS, ROBERT J			NAME	307 WATERCROFT DR.		
STREET ADDRESS	37 CLIFFE AVE.			STREET ADDRESS	Lexington SC 29072		
CITY-ST-ZIP	LEXINGTON MA 02173			CITY-ST-ZIP			
TITLE	SC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURNS, ARLINE A			NAME			
STREET ADDRESS	37 CLIFFE AVE.			STREET ADDRESS			
CITY-ST-ZIP	LEXINGTON MA			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____ **4/27/00** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)