

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0417407 AV

05-01-2003 90224 004 \*\*\*150.00

**DOCUMENT # P93000031722**



1. Entity Name  
**NINETEENTH HOLE, INC.**

Principal Place of Business  
**6196 S.FEDERAL HWY.  
STUART FL 34996**

Mailing Address  
**7557 SE PELICAN WAY  
HOBE SOUND FL 33455**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3178413**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPT	BURNS, RICHARD J		
7557 SE PELICAN WAY	HOBE SOUND FL 33455		
M	BURNS, STEPHEN R		
8 APPETREE LN	WILMINGTON MA 01887		
VD	BURNS, MICHAEL J		
37 CLIFFE AVE	LEXINGTON MA		
C	BURNS GALLAGHER, LESLIE		
118 PRAIRIE MEADOW CT	SAINT CHARLES MO 63304		
SC	BURNS, ARLINE A		
37 CLIFFE AVE.	LEXINGTON MA		

12. I hereby certify that the information supplied with this report 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 or without other like empowered.

SIGNATURE: *Richard J. Burns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(772) 546-7349  
Date Daytime Phone #

CR2E034 (10/02)