

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007536

1. Entity Name

FLORIDA GOLF PUBLISHING INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90055 046 ***150.00

Principal Place of Business

27 CYPRESS RUN
HINES CITY FL 33844

Mailing Address

27 CYPRESS RUN
HINES CITY FL 33844-9698

2. Principal Place of Business

519 JONES AVE. SUITE 3

Suite, Apt. #, etc.
HAINES CITY, FL

City & State
33844

3. Mailing Address

519 JONES AVE SUITE 3

Suite, Apt. #, etc.
HAINES CITY, FL

City & State
33844



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3558426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STINE, CHARLES W
27 CYPRESS RUN
HINES CITY FL 33844

7. Name and Address of New Registered Agent

Name
Edward R. Travis

Street Address (P.O. Box Number is Not Acceptable)

519 JONES AVE SUITE 3

HAINES CITY, FL

33844

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STINE, CHARLES W.
27 CYPRESS RUN
HAINES CITY FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
EDWARD R. TRAVIS
519 JONES AVE. SUITE 3
HAINES CITY, FL 33844
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)