

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90055 024 ***150.00

DOCUMENT # P96000080371

1. Entity Name

P.D. GOLF, INC.

Principal Place of Business

Mailing Address

601 S PALAFOX ST
 PENSACOLA FL 32501
 US

PO BOX 12725
 PENSACOLA FL 32575-2725
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3418654

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

CARR, JOHN S
601 S PALAFOX ST
PENSACOLA FL 32501

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARR, JOHN S | NAME | |
| STREET ADDRESS | 601 S PALAFOX ST | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NICKELSEN, ERIC J | NAME | |
| STREET ADDRESS | 601 S PALAFOX ST | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENDER, WILLIAM R M.D. | NAME | |
| STREET ADDRESS | 1717 NORTH E. STREET | STREET ADDRESS | 33 Lakeside Drive |
| CITY-ST-ZIP | PENSACOLA FL 32501 | CITY-ST-ZIP | Pensacola, FL 32507 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLLAK, LEWIS SR. | NAME | |
| STREET ADDRESS | 3335 CHANTARENE DRIVE | STREET ADDRESS | 730 N. Epping Forest Way |
| CITY-ST-ZIP | PENSACOLA FL 32507 | CITY-ST-ZIP | Jacksonville, FL 32217 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKENZIE, JAMES F | NAME | |
| STREET ADDRESS | 905 HATTON STREET | STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CURRIN, MADISON B | NAME | Donald McMahon, III |
| STREET ADDRESS | 3298 SUMMIT BLVD, STE 27 | STREET ADDRESS | 4400 Bayou Boulevard, Suite #13 |
| CITY-ST-ZIP | PENSACOLA FL 32503 | CITY-ST-ZIP | Pensacola, FL 32503 |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John S Carr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Carr 4/24/00 (850) 434-2244

Date

Daytime Phone #

CR2E034 (9/99)