

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005097

1. Entity Name

THE GOLF GROUP, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90006 042 ***150.00

Principal Place of Business

160 PURPLE MEADOW RD
BERNARDSTON MA 01337
US

Mailing Address

PO BOX 474
BERNARDSTON MA 01337-0474
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1095484

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

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 PD
NAME VICTOR, W. MARSHALL
STREET ADDRESS 2 SETBACK LANE
CITY-ST-ZIP GILL MA 01376 ☐ Delete

TITLE VSD
NAME MCMILLAN, PATRICK
STREET ADDRESS 26 ROBIN-WAY
CITY-ST-ZIP CANDLER NC ☐ Delete

TITLE VD
NAME FRASER, NIALL
STREET ADDRESS 213 BROAD MOORE CIRCLE
CITY-ST-ZIP ALABASTER AL 35007 ☐ Delete

TITLE TVD
NAME BRADLEY, JEFFREY
STREET ADDRESS 207 WEATHERLY CLUB DRIVE
CITY-ST-ZIP ALABASTER AL 35007 ☐ Delete

TITLE VD
NAME DARLING, GARY
STREET ADDRESS 3605 BARWICK DRIVE
CITY-ST-ZIP NORMAN OK 73072 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 or without other like empowered.

SIGNATURE: *W.M. Victor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.M. Victor

Date

1/16/00 800-465-3608

Daytime Phone #