

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90024 014 \*\*\*150.00

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**DOCUMENT # P92000003337**

**1. Entity Name**  
**JIM FAZIO INTERNATIONAL GOLF DESIGN, INC.**

<b>Principal Place of Business</b> 140 INTRACOASTAL POINTE DRIVE STE 110 JUPITER FL 33477 US	<b>Mailing Address</b> 140 INTRACOASTAL POINTE DRIVE STE 110 JUPITER FL 33477 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> 65-0371030		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>					
<b>FAZIO, VINCENT M</b> 140 INTRACOASTAL POINTE DRIVE STE 110 JUPITER FL 33477				<b>Name</b>					
				<b>Street Address (P.O. Box Number is Not Acceptable)</b>					
				<b>City</b>				<b>FL</b>	<b>Zip Code</b>

**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]* **DATE** 2-19-02

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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	
<b>TITLE</b>	<b>PST</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>FAZIO, VINCENT M</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>140 INTRACOASTAL POINTE DRIVE STE 110</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>JUPITER FL</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>FAZIO, JAMES M.</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>140 INTRACOASTAL POINTE DR. STE 110</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>JUPITER FL</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>FAZIO, THOMAS J.</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>140 INTRACOASTAL POINTE DRIVE STE 110</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>JUPITER FL</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** *[Signature]* **DATE** 2-19-02 **DAYTIME PHONE #** 561-575-0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)