

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90189 019 \*\*\*150.00

**DOCUMENT # J34070**

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



Principal Place of Business  
**140 INTRACOASTAL POINTE DR  
SUITE 110  
JUPITER FL 33477  
US**

Mailing Address  
**140 INTRACOASTAL POINTE DR  
SUITE 110  
JUPITER FL 33477  
US**



2. Principal Place of Business  
**631 US Highway One  
Suite, Apt. #, etc.  
Suite 412**

3. Mailing Address  
**631 US Highway One  
Suite, Apt. #, etc.  
Suite 412**

**XX** CHECK HERE IF MAKING CHANGES

City & State  
**North Palm Beach, FL**

City & State  
**North Palm Beach, FL**

4. FEI Number  
**59-2732493**

Applied For  
Not Applicable

Zip  
**33408**

Country  
**Palm Beach**

Zip  
**33408**

Country  
**Palm Beach**

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**

**FAZIO, VINCENT M  
140 INTRACOASTAL POINTE DR  
SUITE 110  
JUPITER FL 33477**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**631 US Highway One  
Suite 412  
City North Palm Beach FL Zip Code 33408**

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 *Vincent M. Fazio* Vincent M. Fazio

2/19/03

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FAZIO, VINCENT M.  
140 INTRACOASTAL POINTE DR., #110  
JUPITER FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**631 US Highway One, Suite 412  
North Palm Beach, FL 33408** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
FAZIO, AMY S.  
140 INTRACOASTAL POINTE DR., #110  
JUPITER FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**631 US Highway One, Suite 412  
North Palm Beach, FL 33408** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Vincent M. Fazio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

(561)262-2145

Date

Daytime Phone #

CR2E034 (10/02)