

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 284160**

1. Entity Name

**PRIDE GOLF TEE COMPANY****FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90174 022 \*\*\*158.75

Principal Place of Business

Mailing Address

RR 3 BOX 6  
GUILFORD ME 33169-0444  
US211 PRIDE RD  
TAMPA FL 33619-8052  
US

2. Principal Place of Business

187 Water St

3. Mailing Address

Suite, Apt. #, etc.  
P.O. Box 237

Suite, Apt. #, etc.

City &amp; State

Guilford, ME

City &amp; State

Zip  
04443Country  
USA

Zip

Country

4. FEI Number

01-0271912

Applied For

Not Applicable

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

GARDNER, MARRITT A.  
501 EAST KENNEDY BOULEVARD  
SUITE 1250  
TAMPA FL 33602

Name

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

501 East Kennedy Boulevard  
Suite 1250

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, WILLIAM R. 1400 N. WALKER IRON MOUNTAIN MI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, ARIEL W 3450 W PEBBLE BEACH CT LECANTO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIDE, ROBERT B. 258 PINE STREET DOVER-FOXCROFT ME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PRIDE, STANLEY G. 2405 ARDSON PLACE #904A TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS HEWETT, VANDY E. DOVER RD MILO ME	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIDE, LIZA S 2405 ARDSON PL NO 904A TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ellis, William W8175 Millie Hill Estates Dr Iron Mountain, MI 49801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hewett, Russell Dover Rd. Milo, ME 04463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ellis, Gregory 20 Forest Park Waterville, ME 04901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hawkes, David 482 Congress St. Suite 4000 Portland, ME 04101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ellis, Shirley 3450 W Pebble Beach Ct Lecanto, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Vandy E. Hewett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/29/00  
Date207-876-3315  
Daytime Phone #

CR2E034 (9/99)