

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90065 028 ***150.00

DOCUMENT # 484448
 1. Entity Name
P.W. GOLF MANAGEMENT, INC.

Principal Place of Business Mailing Address
2550 BISPHAM ROAD **2550 BISPHAM ROAD**
SARASOTA FL 34231 **SARASOTA FL 34231**

2. Principal Place of Business **ST.** 3. Mailing Address
3047 BOUGAINVILLEA **3047 BOUGAINVILLEA ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SARASOTA, FL. **SARASOTA, FL.**
 Zip Country Zip Country
34239 **SARASOTA** **34239** **SARASOTA**

4. FEI Number Applied For
59-1621778 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DUERST, GAIL
3047 BOUGAINVILLE STREET
SARASOTA FL 34239

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	WRIGHT, PATRICIA J	
STREET ADDRESS	2932 BOUGAINVILLEA	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DUERST, GAIL M.	
STREET ADDRESS	3047 BOUGAINVILLEA	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WRIGHT, TIMOTHY LEE	
STREET ADDRESS	11300 M-J RD	
CITY-ST-ZIP	MYAKKA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Patricia Wright* **PATRICIA WRIGHT** 1/17/02 (941) 953-2764
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)