

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 557487

1. Entity Name

JERRY PATE GOLF, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90100 046 ***150.00

Principal Place of Business

Mailing Address

100 E ROBERTS RD
P.O. BOX 13010
PENSACOLA FL 32534
US

P O BOX 7185
P.O. BOX 13010
PENSACOLA FL 32534-0185
US

2. Principal Place of Business

301 Schubert Drive

3. Mailing Address

P. O. Box 11128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-1794365

Applied For

Not Applicable

Zip

Country

32504-6958

US

Zip

Country

32524-1128

US

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

STACKHOUSE, HARRY B.
125 W. ROMANA STREET
SUITE 800
PENSACOLA FL 32501

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PATE, JEROME K.
STREET ADDRESS 5 HYDE PARK RD
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

TITLE ST
NAME PATE, SUSAN N.
STREET ADDRESS 5 HYDE PARK RD
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

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]

JEROME K. PATE

1-14-00

(850) 484-8873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)