

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90153 041 ***150.00

DOCUMENT # 557487

1. Entity Name
JERRY PATE GOLF, INC.



Principal Place of Business
P.O. BOX 11128
PENSACOLA FL 32524-1128
US

Mailing Address
P.O. BOX 11128
PENSACOLA FL 32524-1128
US



2. Principal Place of Business
301 Schubert Drive
Suite, Apt. #, etc.

3. Mailing Address
301 Schubert Drive
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
59-1794365

Applied For
☐ Not Applicable

Zip Country
32504 USA

Zip Country
32504 USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE V ☐ Change ☒ Addition
NAME DANA, STEVE
STREET ADDRESS 301 SCHUBERT DRIVE
CITY-ST-ZIP PENSACOLA, FL 32504

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

(850) 479-4653

Daytime Phone #

CR2E034 (10/02)