


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

0146710 AB

**DOCUMENT # 818070**

1. Entity Name  
**GOLF PLAYERS, INC.**



07-30-2003 90065 004 \*\*\*550.00

Principal Place of Business  
**5954 BRAINERD ROAD  
CHATTANOOGA TN 37421**

Mailing Address  
**5954 BRAINERD ROAD  
CHATTANOOGA TN 37421**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **62-0718120**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**O'DELL, ELIZABETH MAGRATH  
708 S OCEAN DR  
FT PIERCE FL 34949-3211**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRANT, JAY M</b>	
STREET ADDRESS	<b>5954 BRAINERD RD.</b>	
CITY-ST-ZIP	<b>CHATTANOOGA TN 37421</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MAGRATH, E K III</b>	
STREET ADDRESS	<b>5954 BRAINERD RD.</b>	
CITY-ST-ZIP	<b>CHATTANOOGA TN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'DELL, ELIZABETH M</b>	
STREET ADDRESS	<b>708 S. OCEAN DR.</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34949</b>	
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		

11. 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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7-28-03** Daytime Phone #: **423-892-7264**

CR2E034 (4/03)