

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 PM 1:40

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001137

ONE UP GOLF NAPLES, LTD.



Mailing Address
**680 TAMiami TRAIL
NAPLES FL 33940**

Principal Office Address
**8405 SUNSTATE STREET
TAMPA FL 33634**

3. Date Formed or Registered
07/25/1995

5a. Capital Contributions as
Shown on record.
\$700,000.00

3a. Date of Last Report
01/17/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation
FL

2. Mailing Address
8405 Sunstate Street

2a. Principal Office Address
680 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
65-0605361

☐ Applied For
☐ Not Applicable

City & State
Tampa, Florida 33634

City & State
Naples, Florida 33940

7. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country
33634 USA

Zip Country
33940 USA

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**MILLS, FREDERICK J ESQUIRE
C/O MORRISON, MORRISON & MILLS, P.A.
1200 W. PLATT STREET, SUITE 100
TAMPA FL 33608**

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE **10/7/96**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

ONE UP GOLF OF NAPLES, INC.

8405 SUNSTATE STREET

TAMPA FL 33634

P95000014769

7000002043797-1-1
-01/03/97-01013-003
***576.25 ***576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE By: **Kenneth L. Sellers, its President**

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)