

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000006373**

1. Entity Name

R.T.T. GOLF, INC.**FILED****Mar 08, 2001 8:00 am**
Secretary of State

03-08-2001 90130 013 ***150.00

Principal Place of Business

Mailing Address

~~13102 LEMON LEAF LANE~~
~~SANTA ANA CA 92705~~~~13102 LEMON LEAF LANE~~
~~SANTA ANA CA 92705~~**727582**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1700 Monument Road

3. Mailing Address

P. O. Box 350550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3688350

Applied For

Not Applicable

Zip

32225

Country

Duval

Zip

32235-0550

Country

Duval5. 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****PARACORP INCORPORATED**
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PCD** ☐ Delete
NAME **NEWMAN, THEODORE C**
STREET ADDRESS ~~13102 LEMON LEAF LANE~~
CITY-ST-ZIP ~~SANTA ANA CA 92705~~TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1700 Monument Road**
CITY-ST-ZIP **Jacksonville, FL 32225**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Theodore C. Newman **Theodore C. Newman** **27Feb01****642-4299**

CR2E034 (10/00)