

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-17-2002 90107 041 ****61.25
03-31-2002 90338 028 ****88.75

DOCUMENT # F94000005097

1. Entity Name

The Golf Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 Purple Meadows Rd.

3. Mailing Address

P.O. Box 474

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Barnardston, MA

City & State

Barnardston, MA

Zip

01337

Country

USA

Zip

01337

Country

USA

4. FEI Number

63-1095484

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *CT Corporation*

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

1200 S Pine Island Rd.

City *Plantation*

FL

Zip Code *33324*

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<i>PD</i>
NAME	<i>Victor, W. Marshall</i>
STREET ADDRESS	<i>2 Setback Lane</i>
CITY-ST-ZIP	<i>GILL, MA 01376</i>
TITLE	<i>VD</i>
NAME	<i>Rutewich, Roger</i>
STREET ADDRESS	<i>283 W. Mountain Rd.</i>
CITY-ST-ZIP	<i>Barnardston, MA 01337</i>
TITLE	<i>VD</i>
NAME	<i>Bradley, Jeffrey</i>
STREET ADDRESS	<i>207 Weatherly Club Dr</i>
CITY-ST-ZIP	<i>Alabaster, AL 35007</i>
TITLE	<i>VDS</i>
NAME	<i>Dorling, Gary</i>
STREET ADDRESS	<i>2505 Barwick Dr.</i>
CITY-ST-ZIP	<i>Norman, OK 73072</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *R*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/02 413-648-9303

CR2E0378 (12/01)