

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000005097

Entity Name: THE GOLF GROUP, INC.

FILED  
Jan 06, 2003  
Secretary of State

## Current Principal Place of Business:

160 PURPLE MEADOW RD  
BERNARDSTON, MA 01337 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 474  
BERNARDSTON, MA 01337 US

## New Mailing Address:

FEI Number: 63-1095484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VICTOR, W. MARSHALL  
Address: 2 SETBACK LANE  
City-St-Zip: GILL, MA 01376

Title: VD ( ) Delete  
Name: RULEWICH, ROGER  
Address: 283 W MOUNTAIN RD  
City-St-Zip: BERNARDSTON, MA 01337

Title: TVD ( ) Delete  
Name: BRADLEY, JEFFREY  
Address: 207 WEATHERLY CLUB DR  
City-St-Zip: ALABASTER, AL 35007

Title: VDS ( ) Delete  
Name: DARLING, GARY  
Address: 3505 BARWICK DR  
City-St-Zip: NORMAN, OK 73072

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MR. ( ) Change (X) Addition  
Name: FLEURY, DAVID VD  
Address: 24 HARLOW STREET  
City-St-Zip: NORTHAMPTON, MA 01060

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. MARSHALL VICTOR

PD

01/06/2003

Electronic Signature of Signing Officer or Director

Date