

2001 UNIFORM-BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90100 028 ***158.75

DOCUMENT # F94000005116

1. Entity Name
JACKSON GOLF, INC.

Principal Place of Business

Mailing Address

**500 E. LEE ROAD, SUITE 2
TAYLORS SC 29687**

**500 E. LEE ROAD, SUITE 2
TAYLORS SC 29687**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4328 WADE HAMPTON BLVD

4328 WADE HAMPTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAYLORS SC

TAYLORS SC

City & State

City & State

29687 - 2244

29687 - 2244

Zip

Country

Zip

Country

4. FEI Number **57-0961640**

Applied For
Not Applicable

5. 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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 State**

10. 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 ☐ Delete
NAME **PCT**
STREET ADDRESS **JACKSON, THOMAS R JR**
CITY-ST-ZIP **126 PEBBLE CREEK DRIVE
TAYLORS SC 29687**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JACKSON, RAMONDA L**
CITY-ST-ZIP **126 PEBBLE CREEK DRIVE
TAYLORS SC 29687**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **WVC**
STREET ADDRESS **JACKSON, THOMAS R III**
CITY-ST-ZIP **108 KESTREL CT.
TAYLORS SC 29687**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **104 SNEED DRIVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **WC**
STREET ADDRESS **JACKSON REECE**
CITY-ST-ZIP **15 AVENS HILL DRIVE
GREER SC 29651**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

Thomas R. Jackson, Jr. Pres. 4/27/01

Date

Daytime Phone #

(864)-268-4891

CR2E034 (10/00)