## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9800000048

BOYLES, RICK

(See criteria on back)

CP

VCV

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

6209 PINE BLOSSUM MILTON FL 32570

9. This corporation is eligible to satisfy its Intangible

MILTON, ROBERT A

SALISBURY, GREG

5455 CENTERHILL

7710 HUNTERS CREEK

**OLIVE BRANCH MS 38654** 

4306 CROSS CUT TRAIL

MYRTLE BEACH SC 29579

BURNETT, CHARLES R III

**OLIVE BRANCH MS 38654** 

19 5 867 548 5

Tax filing requirement and elects to do so.

GOLF COURSE IRRIGATION SERVICES. INC.

Principal Place of Business Mailing Address 11176 GREEN VALLEY OLIVE BRANCH MS 38654-0156 OLIVE BRANCH MS 38654-0156 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. City & State Žip

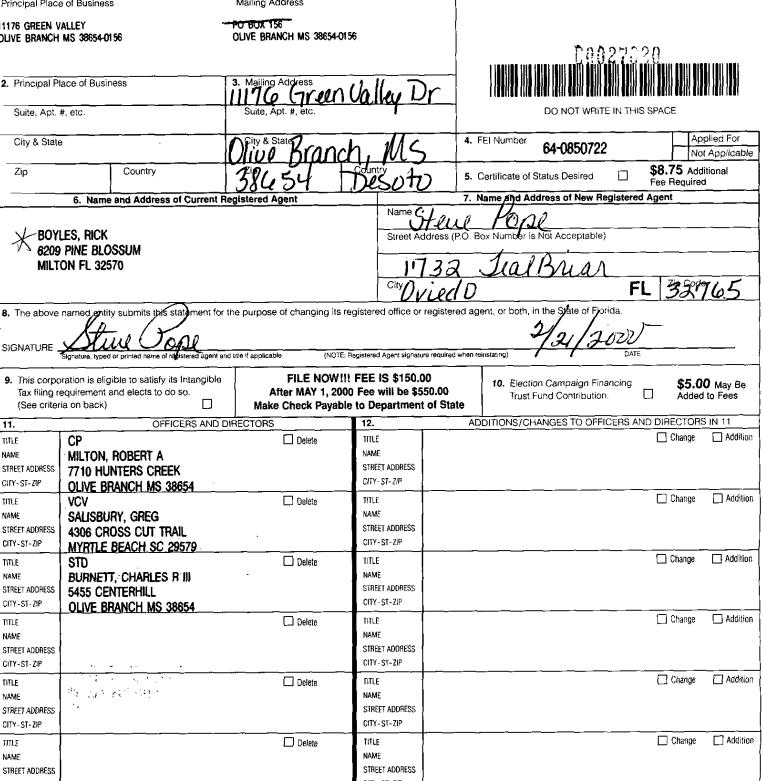
6. Name and Address of Current Registered

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

## **FILED** Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90011 031 \*\*\*150.00



CITY-ST-ZIP 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.

Name 🗖

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

CR2E034 (9/99)