2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800000631

1. Entity Name

INTERNATIONAL GOLF MAINTENANCE, INC.

						02-28-2001	90136 00	1 ***150	.00	
Principal Place 331 SOUTH FLOR LAKELAND FL 33 US	RIDA AVE., STE 41	Mailing Address 331 SOUTH FLORIDA AVE STE 41 LAKELAND FL 33801 US								
2. Principal Pla	ace of Business	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SP	AĈE		
City & State		City & State			4. FEI Number	59-3489578		Apr	olied For	
Zip Country		Zip Country						Not 8.75 Addir	Applicable	
	6. Name and Address of Current Registered Agent					Certificate of Status Desired Fee Required Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent				Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET			St	Street Address (P.O. Box Number is Not Acceptable)						
TALLA	NHASSEE FL 32301-2525		C	ity			F= 0	Zip Code		
							FL			
Tax filing r	Signature, typed or printed name of registered agoration is eligible to satisfy its Intangi equirement and elects to do so. ia on back)	ble FILE NOV After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
11.		ND DIRECTORS	12.		ADDITIONS/CH	HANGES TO OFF	ICERS AND I	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ROSENSTEIN, ARNOLD 345 N MAPLE DRIVE BEVERLY HILLS CA	☐ Delete	TITLE NAME STREET AL CITY-ST-2	-				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KOENIGSBERGER, RICK 1301 AVENUE OF THE AMERI NEW YORK NY	☐ Delete	TITLE NAME STREET AC CITY-ST-	1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SARTAIN, JAMES K JR 2413 BAYSHORE DRIVE, #170 TAMPA FL 33629-7335	□ Delete	TITLE NAME STREET AL CITY-ST-	DDRESS [33]) I JACKSOI S. FLOR LELAND,	IDA AVO	, STE BOI	X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	l l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	I				☐ Change	Addition	
TITLE NAME		Delete	TITLE NAME					☐ Change	Addition	

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Calvin C. Selvers III 1/20/01

FILED

Feb 28, 2001 8:00 am Secretary of State