

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90006 036 ***150.00

DOCUMENT # F99000005635

1. Entity Name

GOLF WORKS UNLIMITED LANDSCAPING, INC.

Principal Place of Business

Mailing Address

3660 STONERIDGE #F102
 AUSTIN TX 78746

3660 STONERIDGE #F102
 AUSTIN TX 78746-7759

2. Principal Place of Business

3660 Stoneridge
 Suite, Apt. #, etc.
 # F102

3. Mailing Address

same
 Suite, Apt. #, etc.

City & State

Austin Texas

City & State

same

4. FEI Number

74-2503880

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
 same

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 *na*

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, 2000 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

TITLE	CP	Franklin	<input type="checkbox"/> Delete
NAME	HUTCHINSON, FRANKIN G		
STREET ADDRESS	3660 STONERIDGE #F102		
CITY-ST-ZIP	AUSTIN TX 78746		
TITLE	VT	Houston	<input type="checkbox"/> Delete
NAME	HOUSTOON, JIM		
STREET ADDRESS	3660 STONERIDGE #F102		
CITY-ST-ZIP	AUSTIN TX 78746		
TITLE	D		<input type="checkbox"/> Delete
NAME	HUTCHINSON, DIANE		
STREET ADDRESS	3660 STONERIDGE #F102		
CITY-ST-ZIP	AUSTIN TX 78746		
TITLE	V		<input type="checkbox"/> Delete
NAME	LYLES, JIM		
STREET ADDRESS	3660 STONERIDGE #F102		
CITY-ST-ZIP	AUSTIN TX 78746		
TITLE	S		<input type="checkbox"/> Delete
NAME	HUTCHINSON, ELAINE		
STREET ADDRESS	3660 STONERIDGE #F102		
CITY-ST-ZIP	AUSTIN TX 78746		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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

Jim Lyles

Date

1/5/00

Daytime Phone #

512 3278089

CR2E034 (9/99)