

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90001 045 \*\*\*150.00

0002963 AV

**DOCUMENT # G77766**

1. Entity Name  
**PRO GOLF DISCOUNT/DISTRIBUTORS OF JACKSONVILLE,**

Principal Place of Business  
**4421 SOUTHSIDE BLVD**  
**JACKSONVILLE FL 32216**

Mailing Address  
**4421 SOUTHSIDE BLVD**  
**JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2357161**

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

**GATES, DAVID D.**  
**4421 SOUTHSIDE BLVD**  
**JACKSONVILLE FL 32216**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **DP** ☐ Delete  
 NAME **GATES, DAVID D.**  
 STREET ADDRESS **78 BLANDING BLVD. 4421 SOUTHSIDE BLVD**  
 CITY-ST-ZIP **ORANGE PARK FL JACKSONVILLE, FL**

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

TITLE **D** ☐ Delete  
 NAME **GATES, ANITA G.**  
 STREET ADDRESS **22724 LINGEMANN**  
 CITY-ST-ZIP **ST. CLAIR SHRS. MI**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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**

**7-9-01 904-998-0002**

Date

Daytime Phone #

CR2E034 (5/01)

**PRO  
GOLF  
DISCOUNT**

*Attachment  
#G 77766  
A0070605*

Florida Department of State  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Pro Golf Discount/Distributors of Jacksonville, Inc.  
FEI#59-2357161

July 9, 2001

To Whom It May Concern:

Enclosed please find our check in the amount of \$150.00 for 2001 filing fees. We received our filing packet on July 3<sup>rd</sup> 2001, and had not received one prior to that date. I called the phone number listed in the packet, 850.488.9000, and spoke with Suzanne, who informed me that we could omit the late fee if we included a written explanation of never having received the first packet. If you check your records you will see that we have always filed on time and in fact pride ourselves on our prompt payment history. Please contact me at 904.998.0002 if you have any problems.

Regards,



Melissa L. Feigel

Pro Golf Discount/Distributors of Jacksonville Inc.  
4421 Southside Blvd.  
Jacksonville, FL 32216-5402