

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S 39609**  
 1. Entity Name  
**DAVID'S DISCOUNT GOLF, INC.**

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**  
 06-06-2000 90010 006 \*\*\*150.00

Principal Place of Business Mailing Address  
**DAVID C. SMITH**  
**3636 SW ARCHER RD.**  
**GAINESVILLE, FL. 32608** **SAME**

50101195

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
 4. FEI Number **59-2714336** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DAVID C. SMITH**  
**3636 SW ARCHER RD.**  
**GAINESVILLE, FL. 32608**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP  
**DAVID C. SMITH**  
**P.O. Box 142201**  
**GAINESVILLE, FL. 32614**  
☐ Delete  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
☐ Change ☐ Addition  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ 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.

SIGNATURE: **David C. Smith** 5-10-00 352-377-1581  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)