

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 042 ***550.00

DOCUMENT # J34571

1. Entity Name
GOLF GIFTS, INC.

Principal Place of Business

~~685 KATEMORE LANE~~
~~NAPLES FL 34108~~
US

Mailing Address

~~685 KATEMORE LANE~~
~~NAPLES FL 34108~~
US



2. Principal Place of Business

4940 WESTCHESTER CT #3704
NAPLES, FL 34105

3. Mailing Address

4940 WESTCHESTER CT #3704
NAPLES, FL 34105



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-2720683

Applied For

Not Applicable

Zip

34105

Country

US

Zip

34105

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PFEIL, RICHARD B~~ JUSAN P. COLEMAN
~~685 KATEMORE LANE~~ 4940 WESTCHESTER
~~NAPLES FL 34108~~ COURT #3704
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name JUSAN P. COLEMAN
Street Address (P.O. Box Number is Not Acceptable)
4940 WESTCHESTER CT #3704
City NAPLES FL Zip Code 34105

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 *Jusan P. Coleman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/00
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 13, 2000 Min. 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

TITLE	DS	<input type="checkbox"/> Delete
NAME	PFEIL, RICHARD B	
STREET ADDRESS	685 KATEMORE LN	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	COLEMAN, SUSAN P	
STREET ADDRESS	4940 WESTCHESTER COURT #3704	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	W 3426 HIGHWAY ROAD	
STREET ADDRESS	LAKE GENEVA, WI 53147	
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIL, RICHARD B	
STREET ADDRESS	W 3426 HIGHWAY ROAD	
CITY-ST-ZIP	LAKE GENEVA, WI 53147	
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, SUSAN P	
STREET ADDRESS	4940 WESTCHESTER COURT #3704	
CITY-ST-ZIP	NAPLES, FL 34105	
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: *Jusan P. Coleman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00 941-434-9911
Date Daytime Phone #

CR2E034 (5/00)