

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013783

1. Entity Name

WOMEN'S ONLINE GOLF, LLC

Principal Place of Business

1741-21 RED CEDAR DRIVE
FORT MYERS FL 33907

Mailing Address

1741-21 RED CEDAR DR VE P.O. Box 61623
FORT MYERS FL 33907 Fort Myers, FL 33906-1623

FILED

01 APR 27 PM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

829 SW 47th Terr

3. Mailing Address

PoBox 61623

Suite, Apt. #, etc.

#204

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

FORT MYERS FL

4. FEI Number

65-1056368

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33906-1623

Country

USA

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA FL 33606

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.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESENTER/Manager
DONNA PERKINS
829 SW 47th TERRACE #204
Cape Coral, FL 33914

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

700004275237-1
05/21/01-01206 Change Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Donna Perkins*

4/11/01 541-4653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)