

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L59093

FILED
Apr 27, 2003
Secretary of State

Entity Name: GARY KOCH GOLF, INC.

Current Principal Place of Business:

ATTN: GARY KOCH
P. O. BOX 272807
TAMPA, FL 336882807

New Principal Place of Business:

Current Mailing Address:

ATTN: GARY KOCH
P. O. BOX 272807
TAMPA, FL 336882807

New Mailing Address:

FEI Number: 59-3011546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, FREDERICK J.
1200 WEST PLATT STREET
SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: MATTERA, TONY A,
Address: 25107 TRADEWINDS DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: DP () Delete
Name: KOCH, GARY,
Address: POST OFFICE BOX 272807 N/A
City-St-Zip: TAMPA, FL 336882807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: KOCH, GARY,
Address: POST OFFICE BOX 272807
City-St-Zip: TAMPA, FL 336882807

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY A. MATTERA

DST

04/27/2003

Electronic Signature of Signing Officer or Director

Date