

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90090

1. Entity Name

GOLF FORMS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90311 024 \*\*\*150.00

Principal Place of Business

Mailing Address

5910 TAYLOR ROAD  
SUITE 101  
NAPLES FL 33942  
US

5910 TAYLOR RD  
STE 101  
NAPLES FL 34109-1856  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2898537

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

DARLAND, ROBERT R.  
350 COCOHATCHEE DRIVE  
NAPLES FL 33942

Name

DARLAND, ROBERT R.

Street Address (P.O. Box Number is Not Acceptable)

6809 WELLINGTON DRIVE

NAPLES, FL

City

FL

Zip Code

34109

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

*Robert Darland*

1-7-00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS 350 COCOHATCHEE DRIVE  
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME DARLAND, ROBERT R.  
STREET ADDRESS 6809 WELLINGTON DRIVE  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Delete  
NAME D  
STREET ADDRESS 350 COCOHATCHEE DRIVE  
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME DARLAND, CYNTHIA M.  
STREET ADDRESS 6809 WELLINGTON DRIVE  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Delete  
NAME D  
STREET ADDRESS 4991 4TH AVE SW  
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME BROWN, JAMES K.  
STREET ADDRESS 4991 PALMETTO WOODS DRIVE  
CITY-ST-ZIP NAPLES, FL 33999

TITLE ☐ Delete  
NAME D  
STREET ADDRESS 4991 4TH AVE SW  
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME BROWN, DEBORAH A.  
STREET ADDRESS 4991 PALMETTO WOODS DRIVE  
CITY-ST-ZIP NAPLES, FL 33999

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Robert Darland*

ROBERT DARLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 / 941-566-9494