

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90060 038 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # M90090			
1. Entity Name GOLF FORMS, INC.			
Principal Place of Business 5910 TAYLOR ROAD SUITE 101 NAPLES FL 33942 US		Mailing Address 5910 TAYLOR RD STE 101 NAPLES FL 33942 US	
2. Principal Place of Business 5910 TAYLOR ROAD Suite, Apt. #, etc. SUITE 101 City & State NAPLES, FL Zip 34109 Country COLLIER		3. Mailing Address 5910 TAYLOR ROAD Suite, Apt. #, etc. SUITE 101 City & State NAPLES, FL Zip 34109 Country COLLIER	
4. FEI Number 59-2898537		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARLAND, ROBERT R. 6809 WELLINGTON DRIVE NAPLES FL 34109		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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME DARLAND, ROBERT R. STREET ADDRESS 6809 WELLINGTON DRIVE CITY-ST-ZIP NAPLES FL 34109		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME DARLAND, CYNTHIA M. STREET ADDRESS 6809 WELLINGTON DRIVE CITY-ST-ZIP NAPLES FL 34109		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME BROWN, JAMES K STREET ADDRESS 4991 PALMETTO WOODS DRIVE CITY-ST-ZIP NAPLES FL 33999		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119	
TITLE D <input type="checkbox"/> Delete NAME BROWN, DEBORAH A. STREET ADDRESS 4991 PALMETTO WOODS DRIVE CITY-ST-ZIP NAPLES FL 33999		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119	
TITLE <input type="checkbox"/> Delete 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"/> Delete 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: Robert Darland		Date 941-566-9494	

CR2E034 (10/00)