SENT BY:BUSCHMAN/AHERN ; 4-25- 1 ; 14:43 ; BUSCHMAN/AHE

2001 UNIFORM BUSINE. REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90991 023 ***158.75

DOCUMENT # P00000009216

1. Entity Name
GUIDE TO GOLF, INC.

Principal Place of Business	Mailing Address
13170-58 #304 Atlantic Boulevard Jacksonville, FL 32225	13170-58 #304 Atlantic Boulevard Jacksonville, FL 32225

C0058976

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13170-58 #304	13170-58 #304
Suite, Apt #, etc.: Atlantic Boulevard	Suite, Apt #, etc.: Atlantic Boulevard
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32225 Country: USA	Zip: 32225 Country: USA

4. FEI Number: 59-3638504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRED L. AHERN JR.
2215 S 3RD ST., STE 101
JACKSONVILLE, FL 32250

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 ______________________________
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) ☐

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALD R. HOLLENBACK 2215 S. 3RD ST., STE 101 JACKSONVILLE, FLORIDA 32250 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD DONALD R. HOLLENBACK 13170-58 #304, Atlantic Boulevard JACKSONVILLE, FLORIDA 32225-40158 ☐ Change ☐ Addition
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CR2E034 (11/00)

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: DON HOLLENBACK 4/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #