

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90415 023 ***150.00

DOCUMENT # P00000009216

1. Entity Name
GUIDE TO GOLF, INC.



Principal Place of Business
13170-5A. #304 ATLANTIC BLVD.
JACKSONVILLE FL 32225

Mailing Address
13170-5A. #304 ATLANTIC BLVD.
JACKSONVILLE FL 32225

2. Principal Place of Business
13500 SUTTON PARK DR. S.

3. Mailing Address
13500 SUTTON PARK DR. S.

Suite, Apt. #, etc.
SUITE 201

Suite, Apt. #, etc.
SUITE 201

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32224

Country
USA

Zip
32224

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

AHERN, FRED L JR
2215 S. 3RD ST., STE. 101
JACKSONVILLE BEACH FL 32250

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLENBACK, DONALD RAY
13170-58 #304, ATLANTIC BOULEVARD
JACKSONVILLE FL 32225-4015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLLENBACK, DONALD RAY
13500 SUTTON PARK DRIVE SOUTH, SUITE 201
JACKSONVILLE, FL 32224 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2003

Date

904-992-0099

Daytime Phone #

CR2E034 (10/02)