

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/8/01-90

FILED

Mar 13, 2001 8:00 am  
Secretary of State

01-08-2001 90009 021 \*\*\*150.00

DOCUMENT # P00000012251

1. Entity Name

MILLENNIUM GOLF VENTURES INCORPORATED

Principal Place of Business

12500 STAGE COACH LN.  
HUDSON FL 34667

Mailing Address

12500 STAGE COACH LN.  
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-366-7248

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

KARAMITSOS, CHRISTOPHER R  
12500 STAGE COACH LN.  
HUDSON FL 34667

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 CEO  
STREET ADDRESS CHRIS KARAMITSOS  
CITY-ST-ZIP 12500 STAGE COACH LN  
HUDSON FL 34667

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

TITLE ☐ Delete  
NAME PRESIDENT  
STREET ADDRESS LINDBA BOLTERS DORF  
CITY-ST-ZIP 509 SW COLLEGE PARKWAY  
PORT ST LUCIE FL 34953

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

TITLE ☐ Delete  
NAME CFO  
STREET ADDRESS JOHN BOLTERS DORF  
CITY-ST-ZIP 509 SW COLLEGE PKWY  
PORT ST LUCIE, FL 34953

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

TITLE ☐ Delete  
NAME V.P.  
STREET ADDRESS KATHY KARAMITSOS  
CITY-ST-ZIP 12500 STAGE COACH LN  
HUDSON, FL 34667

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/02/01 727  
863 2137

CR2E034 (10/00)