

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014964

1. Entity Name  
JACKIE'S GOLF, INC.

Principal Place of Business  
4207 S. DALE MABRY - 101 ASH  
TAMPA FL 33611

Mailing Address  
P.O. BOX 696  
CRYSTAL BEACH FL 34681-0696

2. Principal Place of Business  
607 FAIR OAKS DR  
Suite, Apt. #, etc.

3. Mailing Address  
607 FAIR OAKS DR  
Suite, Apt. #, etc.

City & State  
TARPON SPRINGS, FL  
Zip Country  
34689-3917

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TARPON SPRINGS, FL  
Zip Country  
34689-3917

4. FEI Number  
59-3624132

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GREGORY, JEANETTE H  
4207 S. DALE MABRY - 101 ASH  
TAMPA FL 33611

## 7. Name and Address of New Registered Agent

Name  
GREGORY, JEANETTE H.  
Street Address (P.O. Box Number is Not Acceptable)  
4239 W EL PRADO BLVD  
City TAMPA FL Zip Code 33629

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 Jeanette H. Gregory 4-3-01  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARK, STEPHEN H P.O. BOX 696 CRYSTAL BEACH FL 34681-0696	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHEN H. STARK 607 FAIR OAKS DR TARPON SPRINGS, FL 34689-3917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephen H. Stark  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

Date

Daytime Phone #

FILED  
Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90082 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)