

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90038 011 \*\*\*150.00

**DOCUMENT # P00000037394**

1. Entity Name

**TWO PUTT, INC.**

Principal Place of Business

**406 SARASOTA QUAY  
SARASOTA FL 34236**

Mailing Address

**406 SARASOTA QUAY  
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-364-7024**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MORAN, JOHN A ESQ  
 22 S. LINKS AVE., STE. 300  
 SARASOTA FL 34236**

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 releasing)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DORE, STEVE</b>	
STREET ADDRESS	<b>835 HAMPTON WOOD CT.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, J.M.</b>	
STREET ADDRESS	<b>1742 PEREGRINE POINT DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAUTAMAKI, RAYMOND D</b>	
STREET ADDRESS	<b>1240 SOUTHVIEW DR.</b>	
CITY-ST-ZIP	<b>SIESTA KEY FL 34242</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUNNING, JERRY</b>	
STREET ADDRESS	<b>511 CHEVAL DR.</b>	
CITY-ST-ZIP	<b>VENICE FL 34292-1</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline: Page 2

**STEPHEN W. DORE****1/2/01 841 537  
6553**

CR034 (10/00)