

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90004 026 ***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

**1525 Fourth Street
Suite D**

3. Mailing Address

**1525 Fourth Street
Suite D**

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip
34236

Country
USA

Zip
34236

Country
USA

4. FEI Number

59-3647024

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 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, 2002 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 ☐ Delete
NAME **D**
DORE, STEVE
STREET ADDRESS **835 HAMPTON WOOD CT.**
CITY-ST-ZIP **SARASOTA, FL 34232**
2558 Waterview Court
SARASOTA, FL 34231

TITLE ☐ Delete
NAME **D**
SULLIVAN, J.M.
STREET ADDRESS **1742 PEREGRINE POINT DR.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME **D**
HAUTAMAKI, RAYMOND D
STREET ADDRESS **1240 SOUTHWIND DR.**
CITY-ST-ZIP **SIESTA KEY FL 34242**

TITLE ☐ Delete
NAME **D**
DUNNING, JERRY
STREET ADDRESS **511 CHEVAL DR.**
CITY-ST-ZIP **VENICE FL 34292-1**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)