

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049909

1. Entity Name
PUTTING GREENS OF AMERICA, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90011 015 ***150.00

Principal Place of Business
**4460 HODGES BLVD., SUITE 805
JACKSONVILLE FL 32224**

Mailing Address
**4460 HODGES BLVD., SUITE 805
JACKSONVILLE FL 32224**

2. Principal Place of Business
4434 Timberbluff
Suite, Apt. #, etc.

3. Mailing Address
4434 Timberbluff
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FL
Zip
32224
Country
USA

City & State
Jacksonville FL
Zip
32224
Country
USA

4. FEI Number
593639186

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

MACLEAN, HAMISH
4460 HODGES BLVD., SUITE 805
JACKSONVILLE FL 32224

Name
Maclean Hamish
Street Address (P.O. Box Number is Not Acceptable)
4434 Timberbluff Ct
City
Jacksonville FL 32224

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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LITTLE, MICHAEL E 243 BELVEDERE ST. ATLANTIC BCH FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MACLEAN, HAMISH 4460 HODGES BLVD., SUITE 805 JACKSONVILLE FL 32224	<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"/> Change <input type="checkbox"/> Addition
VDS Maclean Hamish 4434 Timberbluff Ct Jacksonville FL 32224	<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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hamish Maclean

4-10-01
Date

9042461561
Daytime Phone #

CR2E034 (10/00)