

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90089 014 ***150.00

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DOCUMENT # P00000057486

1. Entity Name
K.F.M. GOLF MANAGEMENT INC.



Principal Place of Business
**12802 HUNT CLUB RD NORTH
JACKSONVILLE FL 32224**

Mailing Address
**12802 HUNT CLUB RD NORTH
JACKSONVILLE FL 32224**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3655029**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCQUAIG, DAVID H
5515-3 PHILLIPS HWY
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **MCQUAIG, DAVID H.**
Street Address (P.O. Box Number is Not Acceptable)
4745 SUTTON PARK COURT, SUITE 103
City **Jacksonville** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David H. McQuaig**

4/5/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☐ Delete
NAME **MATTIACE, KRISTEN**
STREET ADDRESS **12802 HUNT CLUB RD NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE **AS** ☐ Delete
NAME **MCQUAIG, DAVID H**
STREET ADDRESS **5515-3 PHILIPS HWY**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **AS** ☒ Change ☐ Addition
NAME **MCQUAIG, DAVID H.**
STREET ADDRESS **4745 SUTTON PARK COURT, Suite 103**
CITY-ST-ZIP **Jacksonville FL 32224**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David H. McQuaig**

4/5/2003 (904) 2232993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)