

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-05-2001 90022 034 ***150.00

DOCUMENT # P00000069953

1. Entity Name
Z & D GOLF MANAGEMENT CO.

Principal Place of Business 3869 NW ROYAL OAK DR JENSEN BEACH FL 34957	Mailing Address 3869 NW ROYAL OAK DR JENSEN BEACH FL 34957
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738367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
06-1589421 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JERRY E. ARON, P.A.
250 S AUSTRALIAN AVE, 9TH FL
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Geoffrey J. McKelvey
 Street Address (P.O. Box Number is Not Acceptable)
3869 NW ROYAL OAK DR.
 City
Jensen Beach FL Zip Code
34957

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 **Geoffrey J. McKelvey** DATE **3/30/01**
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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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: Date **3/30/01** Daytime Phone #

CR2E034 (10/00)