

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90072 015 ***150.00

DOCUMENT # P00000077595

1. Entity Name

THE NINETEENTH HOLE AT FAIRWINDS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4400 Fairwinds Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce, Florida

City & State

4. FEI Number

65-1032277

Applied For

Not Applicable

Zip
34946

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT J. GORMAN,

Street Address (P.O. Box Number is Not Acceptable)
1209 Delaware Avenue

City Fort Pierce

FL

Zip Code 34950

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

Robert J. Gorman

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

(NOTE: Registered Agent signature required when reissuing)

2/22/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

P/S/T/D
John Gallo
5005 Tamoka Court
Fort Pierce, FL 34951

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

D/V
Michael Chaffin
999 Asylum Ave., Ste 503
Hartford, CT 06105

**TITLE
NAME
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CITY - ST - ZIP**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

John B. Gallo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

DATE

(772)464-1177

DAYTIME PHONE #

CR2E034B (12/01)