2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 29, 2002 8:00 am DOCUMENT # P00000083171 **Secretary of State** 1. Entity Name 03-29-2002 90821 024 ***150.00 VINCENT REID ACADEMY OF GOLF, INC. Principal Place of Business Mailing Address 1327 PRESERVATION WAY 1327 PRESERVATION WAY OLDSMAR FL 34677 OLDSMAR FL 34677 3. Mailing Address 2. Principal Place of Business 118 Woodlake WYNdE DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3672944 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Baskin, III, Hamden H Street Address (P.O. Box Number is Not Acceptable) 118 Woodlake WYNde 516 N FT. HARRISON AVE. **CLEARWATER FL 33755** Zip Code **ろ**りしフィ 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) ☐ Delete TITLE ■ Addition TITLE ALBANESE, BEVERLY J NAME -118 Woodlake WYNDE **CR2E034** STREET ADDRESS STREET ADDRESS 1327 PRESERVATION WAY CITY-ST-ZIP Odsmar, FL 34677 CITY-ST-ZIP OLDSMAR FL 34677 TITLE ☐ Delete TITLE Change ☐ Addition DST REID, VINCENT L NAME STREET ADDRESS STREET ADDRESS 6104 WEBB ROAD #600 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615 TITLE - . . --- Delete TITLE __ _ . Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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