

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

06-20-2001 90001 045 ***550.00

0102472 AV

DOCUMENT # P00000084551

1. Entity Name

INTERNATIONAL GOLF DESIGN, INC.

Principal Place of Business

**C/O FREDERICK M. SETTLE JR.
 11233 CROOKED RIVER COURT
 CLERMONT FL 34711**

Mailing Address

**C/O FREDERICK M. SETTLE JR.
 11233 CROOKED RIVER COURT
 CLERMONT FL 34711**

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

59-3671480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SETTLE, FREDERICK M JR.
 11233 CROOKED RIVER COURT
 CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name

FRED M. SETTLE JR.

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

11233 CROOKED RIVER CT.

City

CLERMONT

FL

Zip Code

34711

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 reinstating)

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **PST** ☐ Delete
 NAME **SETTLE, FREDERICK M JR.**
 STREET ADDRESS **11233 CROOKED RIVER COURT**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred M. Settle Jr.*

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED M. SETTLE JR.

July 11, 2001

352-243-3044

Date

Daytime Phone #

CR2E034 (5/01)