

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90008 046 \*\*\*150.00

**DOCUMENT # P01000029428**

**1. Entity Name**  
**PALMER GOLF, INC.**

**Principal Place of Business**

**4912 RED BRICK RUN  
 SANFORD FL 32771**

**Mailing Address**

**4912 RED BRICK RUN  
 SANFORD FL 32771**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**GOLF IMPROVEMENT CENTER**

**3. Mailing Address**

**GOLF IMPROVEMENT CENTER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**340 N. HWY 17-92**

**340 N. HWY 17-92**

City & State

City & State

**LONGWOOD FL.**

**LONGWOOD FL**

Zip

Zip

**32750**

**32750**

Country

Country

**SEMINOLE**

**SEMINOLE**

**4. FEI Number**

**59-3706658**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MILLS, W PALMER  
 4912 RED BRICK RUN  
 SANFORD FL 32771**

Name

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

City

**FL**

Zip Code

**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**

*W. Palmer Mills*

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 \$150.00**

**After May 1, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MILLS, W PALMER 4912 RED BRICK RUN SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLS, W PALMER 4912 RED BRICK RUN SANFORD FL 32771	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**

*W. Palmer Mills*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-02 407-331-4177**

Date

Daytime Phone #

CR2E034 (9/01)