

04/29/2003 13:54 FAX 3527530498

MCLIN BURNSED PA

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-05-2003 91880 042 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000001224			
1. Entity Name GOLF MANAGEMENT SERVICES, INC.			
Principal Place of Business 9816 FAIRWAY CIRCLE LEESBURG, FL 34748		Mailing Address 9816 FAIRWAY CIRCLE LEESBURG, FL 34748	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent HOLMES, ROBERT 9816 FAIRWAY CIRCLE LEESBURG, FL 34748		5. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
6. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
			
7. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Holmes, Robert F. Jr. 9816 Fairway Cir Leesburg, FL 34788			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
COOK, Michael A 9816 Fairway Cir Leesburg, FL 34788			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: ROBERT F. JR. HOLMES		PRES	
DATE: 4-29-03 (352) 365-0122			

55046036

☐ CHECK HERE IF MAKING CHANGESA. PS Number **01-0598365** Applied For ☐ Not ApplicableB. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DATE: 06/04/03