2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000098507 **DOCUMENT #**

1. Entity Name

SAVE AND PLAY GOLF, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90499 044 ***150.00

,	,								
Principal Place of Business 4330 BRANDON RIDGE DR VALRICO FL 33594		Mailing Address 4330 BRANDON RIDGE DR VALRICO FL 33594				1			
	•								
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. [FEI Number 42-1554392		oplied For ot Applicable
Zip	Country	Zip		Country		5. (Contificate of Charles Doctord	\$8.75 Add Fee Require	ditional d
	6. Name and Address of Current	Register	ed Agent			7. 1	Name and Address of New Registered		
					Name .				
HUNTER, DIANE 4330 BRANDON RIDGE DR			Street Address			(P.O. Box Number is Not Acceptable)			
VALRICO FL 33594				<u> </u>					
.,	. =			City	.		FL	Zip Cod	e
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE-NOW!!!-FEE-IS \$150.00 9. Election Campaign Financing \$5							\$5.0	May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Trust Fund Contribution.		to Fees
10.	OFFICERS AND	DRS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	HUNTER, BRIAN C 4330 BRANDON RIDGE DR			NAME STREET ADDRESS	!				
CITY-ST-ZIP .	VALRICO FL 33594			CITY-ST-ZIP	1				ĺ
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NAME	HUNTER, DIANE			NAME					
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CITY-ST-ZIP				CITY-ST-ZIP	l				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

813) 662-5722