

FILED
Jul 28, 2002 8:00 am
Secretary of State

05-27-2002 90432 007 ***150.00

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

DOCUMENT # P17030

1. Entity Name

GOLF USA, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3705 W. MEMORIAL

Suite, Apt. #, etc.

SUITE 801

City & State

OKLA. CITY, OK

Zip

73134

Country

USA

3. Mailing Address

3705 W. MEMORIAL

Suite, Apt. #, etc.

SUITE 801

City & State

OKLA. CITY, OK

Zip

73134

Country

USA

4. FEI Number

73-1275602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

REGISTERED AGENTS LEGAL SERVICES

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

1333 NORTH DUVAL ST.

City

TALLAHASSEE

FL

Zip Code

32302

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 date of application

Michael W. Ashley

on behalf of Registered

Agents Legal Services, Inc.

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
P/D
TOM ANTHONY
3705 W. MEMORIAL
OKLA. CITY, OK 73134

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S/T
PATRICK McTIERNAN
3705 W. MEMORIAL
OKLA. CITY, OK 73134

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
ROBERT ANTHONY
3604 N. MCKINLEY
OKLA. CITY, OK 73112

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D.
STEPHEN LAKE
241 JAMIE WHITTEN BLVD.
SANTILLO, MS 38966

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
STEVE HILL
900 CIRCLE 75 PARKWAY, #1600
ATLANTA, GA 30339

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D/C/CEO
MIKE HENDERSON
3705 W. MEMORIAL
OKLA. CITY, OK 73134

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

(405) 751-0015

DATE

Daytime Phone