## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P94000022117 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name MID FLORIDA GOLF, INC. 09-12-2000 90017 037 \*\*\*550.00 Principal Place of Business Mailing Address 713 N. 14TH STREET 713 N. 14TH STREET LEESBURG FL 34748 LEESBURG FL 34748 DUIDUULA 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3229535 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - -ELROD, HOYT E II Street Address (P.O. Box Number is Not Acceptable) **713 N. 14TH STREET** LEESBURG FL 34748 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** Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be -After-SEPTEMBER:13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so.-Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE PTS ☐ Delete TITLE Change Addition NAME NAME ELROD, II H E STREET ADDRESS STREET ADDRESS 713 N 14TH ST CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME UNDERWOOD, C.L. STREET ADDRESS STREET ADDRESS 713 N 14TH ST CITY-ST-7IP CITY-ST-ZIP LEESBURG FL ☐ Addition Change ☐ Delete TITLE TITLE NAME ELROD, P.A. NAME STREET ADDRESS STREET ADDRESS 32532 W GOLF CT CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a **SIGNATURE:**

Attachment # P9400022 117 B0106014

MID FLORIDA GOLF, INC. 713 N 14 TH ST LEESBURG, FL 34748 (352)323-0955

August 28, 2000

DIVISION OF CORPORATIONS:

SUBJECT: UNIFORM BUSINESS REPORT FILINGS

DEAR SIR OR MADAM:

I apologize for the lateness of this filing. The form just showed up today mysteriously. I lost my former office clerk (probably a good thing) and my new clerk apparently found this somewhere and put it on my desk this morning. Again please accept my apology.

Sincerely: