

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90038 032 ***150.00

UBR/300

DOCUMENT # P94000033442

1. Entity Name

GOLFER'S WORLD OF SEBRING, INC.

Principal Place of Business

Mailing Address

**4141 U.S. 27 NORTH
 SEBRING FL 33870**

**4141 U.S. 27 NORTH
 SEBRING FL 33870**

2. Principal Place of Business

3. Mailing Address

430 SEBRING SQUARE

430 SEBRING SQUARE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBRING, FL

SEBRING, FL

4. FEI Number **65-0486659**

Applied For

Not Applicable

Zip

Country

Zip

Country

33870

HIGHLANDS

33870

HIGHLANDS

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

**MOORMAN, JEFFRY D
 4141 U.S. 27 NORTH
 SEBRING FL 33870**

Name

MOORMAN, JEFFRY D.

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

430 SEBRING SQUARE

City

SEBRING

FL

Zip Code

33870

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 *Jeffrey D. Moorman* **JEFFRY D. MOORMAN** PRESIDENT **4/26/01**
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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D MOORMAN, JEFFRY D 127 LEMON RD., N.E. LAKE PLACID FL 33852	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D MOORMAN, BRENDA M 127 LEMON RD., N.E. LAKE PLACID FL 33852	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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: *Jeffrey D. Moorman* **JEFFRY D. MOORMAN** **4/26/01** **863-382-1300**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CP2E034 (10/00)