

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90129 018 \*\*\*150.00

**DOCUMENT # P94000048991**

1. Entity Name

**GOLF BUILDINGS DEVELOPMENT, INC.**

Principal Place of Business

1339 S. KILLIN DR  
 SUITE 5  
 N PALM BEACH FL 33403  
 US

Mailing Address

1339 S KILLIAN DR  
 SUITE 5  
 N PALM BEACH FL 33403  
 US

**00053083**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0510571**

Applied For  
 Not Applicable

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

**COLLINS, LANE**  
**400 NORTH LAKE CT,**  
**106**  
**N PALM BEACH FL 33408**

Name

**LANE H. COLLINS**

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

**14771 66 TRAIL**

City

**PALM BEACH GARDENS**

**FL**

Zip Code

**33418**

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]*

**LANE COLLINS**

**4-23-01**

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

TITLE **P** ☐ Delete  
 NAME **COLLINS, LANE**  
 STREET ADDRESS **400 NORTH LAKE CT, STE #106**  
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **PRES** ☒ Change ☐ Addition  
 NAME **LANE H. COLLINS**  
 STREET ADDRESS **14771 66 TRAIL**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 address, with all other like empowered.

SIGNATURE:

*[Signature]*

**LANE COLLINS, PRES 4/23/01 379-5229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)