

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063553

1. Entity Name

HOLE IN ONE OF SARASOTA, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90063 038 ***158.75

Principal Place of Business

5901 ERIE RD
ELLENTON FL 34222
US

Mailing Address

P.O. BOX 342
ELLENTON FL 34222
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 540

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0517017

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

RICCI, SCOTT A
504 83RD ST
HOLMES BEACH FL 34217

Name

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

City

FL

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.

(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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD RICCI, SCOTT A 504 83RD ST HOLMES BEACH FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARK RICCI BENTREE BLVD SARASOTA, FL	ADDITION <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN B DIRECTOR JOHN BROWN 4912 26TH AVE W BRADENTON, FL 34205	ADDITION <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBERT DIRECTOR ALBERT RICCI 707 S. GULFSTREAM # 301 SARASOTA FL 34236	ADDITION <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN SPENCE 4505 RIVERVIEW BLVD. W. BRADENTON, FL 34208	ADDITION <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JUANITA BIEL 42 TIDY ISLAND BLVD BRADENTON, FL 34210	ADDITION <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROGER PARKS 4590 126TH AVE N. CLEARWATER, FL 33762	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CALEB GRIMES PO Box 1550 BRADENTON, FL 34206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)