

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027974

1. Entity Name
SABER TOOTH GOLF COMPANY

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90081 016 ***550.00

0138882 SP

Principal Place of Business

1200 MAYPORT RD #3
ATLANTIC BCH FL 32233
US

Mailing Address

615 AIA NORTH
STE 101
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

1548 The Greens Way
Suite, Apt. #, etc.
Suite # 5

3. Mailing Address

1548 The Greens Way
Suite, Apt. #, etc.
Suite # 5

City & State
Jacksonville Bch, FL

City & State
Jacksonville Bch, FL

4. FEI Number 59-3308681

Applied For
Not Applicable

Zip 32250 Country Duval

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSCHMAN, ALBERT E JR.
2215 S. THIRD STREET
SUITE 101
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE D
NAME HUEBER, DAVID B
STREET ADDRESS 123 NANDINA CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE D
NAME HUEBER, LUCINDA A
STREET ADDRESS 123 NANDINA CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED

President

9-10-01

904-280-9242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)