

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027974

1. Entity Name
SABER TOOTH GOLF COMPANY

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90139 010 ***150.00

Principal Place of Business

1548 THE GREENS WAY
SUITE 5
JACKSONVILLE BEACH FL 32250
US

Mailing Address

1548 THE GREENS WAY
SUITE 5
JACKSONVILLE BEACH FL 32250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3308681

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

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

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	HUEBER, DAVID B	
STREET ADDRESS	123 NANDINA CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUEBER, LUCINDA A	
STREET ADDRESS	123 NANDINA CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)