

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000027974

FILED  
Jan 10, 2003  
Secretary of State

Entity Name: SABER TOOTH GOLF COMPANY

## Current Principal Place of Business:

1548 THE GREENS WAY  
SUITE 5  
JACKSONVILLE BEACH, FL 32250 US

## Current Mailing Address:

1548 THE GREENS WAY  
SUITE 5  
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-3308681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

5150 PALM VALLEY ROAD  
SUITE 202  
PONTE VEDRA BEACH, FL 32082 US

## New Mailing Address:

P. O. BOX 2299  
PONTE VEDRA BEACH, FL 32004 US

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WALKER, JAMES V  
217 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32004 US

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: JAMES V. WALKER

01/10/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

### OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HUEBER, DAVID B  
Address: 123 NANDINA CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete  
Name: HUEBER, LUCINDA A  
Address: 123 NANDINA CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. HUEBER

D

01/10/2003

Electronic Signature of Signing Officer or Director

Date