

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P95000044202 **AMENDED**

**1. Entity Name**

**STONE GOLF, INC.**

**Principal Place of Business** **Mailing Address**

<b>2. Principal Place of Business</b> 635 S. ORANGE AVE. Suite, Apt. #, etc. #10 City & State SARASOTA, FLORIDA Zip 34236 Country USA		<b>3. Mailing Address</b> 46 N. WASHINGTON BLVD. Suite, Apt. #, etc. #1 City & State SARASOTA, FLORIDA Zip 34236 Country USA	
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**FILED**

01 AUG 16 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0645212	<b>Applied For</b> <input type="checkbox"/> Additional <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**PATTERSON, JOHN**  
**46 N. WASHINGTON BLVD., #1**  
**SARASOTA, FLORIDA 34236**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>D,P</b> <b>PETRIK, GERD</b> <b>635 S. ORANGE AVE., #10</b> <b>SARASOTA, FLORIDA 34236</b>	
		<b>D,VP,S,T</b> <b>NAKAMOTO, KERI</b> <b>635 S. ORANGE AVE., #10</b> <b>SARASOTA, FLORIDA 34236</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D,T</b> <b>GEBHARD, H. DIETER</b> <b>635 S. ORANGE AVE., #10</b> <b>SARASOTA, FLORIDA 34236</b>			
<b>VP,S</b> <b>GEBHARD, LINDA O.</b> <b>635 S. ORANGE AVE., #10</b> <b>SARASOTA, FLORIDA 34236</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Keri Nakamoto* **(941) 364-9609**

CR2E034 (11/00)