05-06-1999 90161 020 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000014338

BETTER GOLF UNLIMITED, INC.

Principal Place of Business		Mailing Address	Mailing Address		, , , , , , , , , , , , , , , , , , , ,		
1620 N. HERCULES AVE.		1620 N. HERCULES AVE.					
A&B CLEARWATER FL 33765		A&B CLEARWATER FL 33765		DO NOT WRITE IN T	HIS SPACE		
OLG/IIII//III	C 557.50				3. Date Incorporated or Qualifed		
					02/14/1996		
Principal Place of Business     2a. Mailing		2a. Mailing Address	iling Address		4. FEI Number	<u> </u>	pplied For
21		26		59-3369017		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>-</del>		5. Certifcate of Status Desired	<b>\$8.73</b> A	Additional
22     27		City & State	City & State		6. Election Campaign Financing		May Be
<del></del>		28		Trust Fund Contribution	Added t		
Zip			Country	,	8. This corporation owes the current year		
24	25	29 3	آه		Personal Property Tax.	☐Yes	□No
<del></del> 1	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			ì
MILLER, CHRISTOPHER G			82	Street A	Address (P.O. Box Number is Not Acceptable)		
1620 N. HERCULES AVE.							
A&B			83	ļ			
CLEARWATER FL 33765			84 City		·	85 Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				1		FL (")	
agent, I a	m familiar with, and accept the obligation familiar with, and accept the obligation familiar with fa	itions of, Section 607.0505, Florid	a Statutes	i. 	pration's board of directors. I hereby accept the a squired when reinstating)  ADDITIONS/CHANGES TO OFFICERS	E	
12.			1.1 TITLE		ABOTHORISTIN TOES TO STATE	☐ Change	Addition
NAME			1.2 NAME	ĺ			
STREET ADDRESS	COOK AND AND AND AND			TADDRESS			ļ
CITY-ST-ZIP			1,4 CITY-S				
TITLE			2.1 TITLE	-		Change	☐ Addition
NAME	, T-		2.2 NAME	Į			{
STREET ADDRESS			2.3 STREE	TADDRESS			}
CITY-ST-ZIP	l		2.4 CITY-	ST-ZIP			
TITLE	☐ DELETE 3.11		3.1 TITLE	1		☐ Change	Addition [
NAME			3.2 NAME				
STREET ADDRESS	{		3.3 STREE	TADORESS			-
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP_		Change	Addition
TITLE		☐ DELETE				☐ citalige	C Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	I-ZIP		Change	Addition
TITLE		☐ DETEIE	5.1 TITLE 5.2 NAME				
NAME				TADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		□ DELETE	6.1 TITLE	71-ZIF		Change	Addition
NAME	į	- October	6.2 NAME				_
1 4 VIII.	The state of the s		_				

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed of the analysis of 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of 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 12 or Block 13 if changed of 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