

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90105 029 ***150.00

DOCUMENT # P96000014338

1. Entity Name

BETTER GOLF UNLIMITED, INC.

Principal Place of Business

Mailing Address

1620 N. HERCULES AVE.
A&B
CLEARWATER FL 33765

1620 N. HERCULES AVE.
A&B
CLEARWATER FL 33765-1941

543303

2. Principal Place of Business

14602 Mc CORMICK DR
Suite, Apt. #, etc.

3. Mailing Address

14602 Mc CORMICK DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FLORIDA

City & State
TAMPA, FL

4. FEI Number **59-3369017**

Applied For
Not Applicable

Zip **33626** Country **HILLSBOROUGH**

Zip **33626** Country **HILLSBOROUGH**

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

6. Name and Address of Current Registered Agent

MILLER, CHRISTOPHER G
1620 N. HERCULES AVE.
A&B
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name **RICK W. SADRIF**
Street Address (P.O. Box Number is Not Acceptable)
14602 Mc CORMICK DRIVE
City **TAMPA** **FL** Zip Code **33626**

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

RICK W. SADRIF, ESQ **4/27/00**

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	BARBEE, JOHN W JR.	
STREET ADDRESS	1620 N. HERCULES AVE.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAKER, GEORGE T	
STREET ADDRESS	1620 N. HERCULES AVE.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBEE, JOHN W. JR.	
STREET ADDRESS	14602 Mc CORMICK DR	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBEE, JOHN W. JR.	
STREET ADDRESS	14602 Mc CORMICK DR	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

C12E034 (9/99)

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. BARBEE, JR. **4/27/00** **813-818-9291**

Date

Daytime Phone #