

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90046 041 ***150.00

DOCUMENT # P96000023795

1. Entity Name

GOLF AMERICA OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

4380 27TH COURT. SW
UNIT 309
NAPLES FL 33999

Mailing Address

4380 27TH COURT. SW
UNIT 309
NAPLES FL 33999

2. Principal Place of Business

same →

3. Mailing Address

6300 18TH AVE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

Country

Zip

34119

Country

USA

4. FEI Number 59-3425382

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

CONSTANTINE, TIMOTHY J
4380 27TH COURT, SW
UNIT 309
NAPLES FL 34116

Name CONSTANTINE, TIMOTHY J.
Street Address (P.O. Box Number is Not Acceptable)
6300 18TH AVE NW
City Naples, FL
FL Zip Code 34119

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, 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

TITLE PVST
NAME CONSTANTINE, TIMOTHY J
STREET ADDRESS 4380 27TH COURT, SW, UNIT 309
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE PVST
NAME TIMOTHY J. CONSTANTINE
STREET ADDRESS 6300 18TH AVE NW
CITY-ST-ZIP NAPLES, FL 34119 ☒ Change ☐ Addition of address

TITLE D
NAME CONSTANTINE, TIMOTHY J
STREET ADDRESS 4380 27TH COURT, SW, UNIT 309
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE D
NAME TIMOTHY J. CONSTANTINE
STREET ADDRESS 6300 18TH AVE NW
CITY-ST-ZIP NAPLES, FL 34119 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

January 15, 2001

Date

941-9100

Daytime Phone #

CR2E034 (10/00)