


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P96000036118 (3)**

1. Corporation Name

ONE UP GOLF OF SARASOTA, INC.



Principal Place of Business

Mailing Address

~~3870 GOLF TO BAY BLVD~~
~~CLEARWATER FL 34619~~

~~2870 GOLF TO BAY BLVD~~
~~CLEARWATER FL 34619-4222~~

3. Date Incorporated or Qualified

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 **4014 S. Tamiami Trail**

26 **8405 Sunstroke St.**

4. FEI Number

Applied For

59-3380096

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

US Hwy. 41

27

23 City & State

28 City & State

Sarasota, FL

Tampa, FL

24 Zip

Country

29 Zip

Country

34231

US

33634

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, FREDERICK J ESQUIRE
1200 WEST PLATT STREET
SUITE 100
TAMPA FL 33606

add

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

C/O Morrison, Morrison & Mills PA

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

1/30/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SELLARS, KENNETH L**
STREET ADDRESS **16709 WINDSOR PARK DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **ST** ☐ DELETE
NAME **SELLARS, NANCY V**
STREET ADDRESS **16709 WINDSOR PARK DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SELLERS (spelling) ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Director SELLERS (spelling) ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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, or on an attachment with an address.

SIGNATURE:

Nancy Seelars
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

Date

813/889-7122

Daytime Phone #

CR2E034 (9/96)