

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90198 017 \*\*\*150.00

DOCUMENT # **P96000089043** ✓  
 1. Entity Name  
**KLAAS GOLF Enterprises, Inc.**

Principal Place of Business Mailing Address

2. Principal Place of Business  
**5150 TAMiami Trail N**  
 Suite, Apt. #, etc.  
**Suite 503**  
 City & State  
**Naples, FL**  
 Zip Country  
**34103 USA**

3. Mailing Address  
**5150 TAMiami Trail N**  
 Suite, Apt. #, etc.  
**Suite 503**  
 City & State  
**Naples, FL**  
 Zip Country  
**34103 USA**

DO NOT WRITE IN THIS SPACE

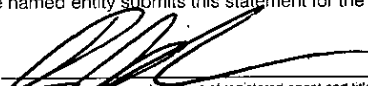
4. FEI Number  
**59-3410738**

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

6. Name and Address of Current Registered Agent  
**Ralph B KLAAS**  
**8889 Pelican Bay Blvd; #303**  
**Naples, FL 34108**

7. Name and Address of New Registered Agent  
 Name **Ralph B KLAAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5150 TAMiami Trail N; suite 503**  
 City **Naples** FL Zip Code **34103**

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  (NOTE: Registered Agent signature required when reinstating) **2/11/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres</b> <b>KLAAS, Ralph B</b> <b>5150 TAMiami Trail N; Suite 503</b> <b>Naples, FL 34103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P</b> <b>KLAAS, Richard L.</b> <b>5150 TAMiami Trail N; Suite 503</b> <b>Naples, FL 34103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>KLAAS, Brian J.</b> <b>5150 TAMiami Trail N; Suite 503</b> <b>Naples, FL 34103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **2/11/01** (941) 643-2525  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)