

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90011 023 ***150.00

DOCUMENT # P96000093785

1. Entity Name
GLASE GOLF, INC.



Principal Place of Business
**27730 FAYGIN LN
BONITA SPRINGS, FL 34135 US**

Mailing Address
**27730 FAYGIN LN
BONITA SPRINGS, FL 34135 US**

54017528



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3413618

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BROWNING-ROBERT W ATRNY
1800 2ND ST
STE 755
SARASOTA, FL 34236**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JAMES A GLASE
1807 PINE HILL DR
SAFETY HARBOR, FL 34695** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**James A. Glase
6355 22nd Ave. NW
Naples, FL 34119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DARWIN L SHARP III
4412 SW 7TH AVE
CAPE CORAL, FL 33914** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
GLASE, JEAN A
1807 PINE HILL DR.
SAFETY HARBOR, FL 34695** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Jean A. Glase
6355 22nd Ave. NW
Naples, FL 34119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Glase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

239-947-8700

Daytime Phone #