

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013214

1. Entity Name

TEE-IT-UP GOLF PROMOTIONS, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90003 034 ***550.00

Principal Place of Business

6034 CHESTER AVE
 #205
 JACKSONVILLE FL 32217
 US

Mailing Address

6034 CHESTER AVE
 #205
 JACKSONVILLE FL 32217
 US

2. Principal Place of Business

3925 Baymeadows Rd
 Suite, Apt. #, etc.

Jacksonville, FL

City & State
 32217 USA

Zip Country

3. Mailing Address

P.O. Box 24487
 Suite, Apt. #, etc.

Jacksonville, FL

City & State
 32241-4487

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALTERMAN, LEONARD M
 9116 CYPRESS GREEN DRIVE, STE. 207
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name **Hank Holbrook**
 Street Address (P.O. Box Number is Not Acceptable)
One Independent Drive
Suite 2301
 City **Jacksonville** FL Zip Code **32202**

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 *H. Leon Holbrook III* **H. LEON HOLBROOK III** DATE **8/09/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	GEARHART, PATRICK	
STREET ADDRESS	6028 CHESTER AVENUE, #207	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Gearhart	
STREET ADDRESS	3925 Baymeadows Rd	
CITY-ST-ZIP	Jacksonville, FL 32217	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Patrick Gearhart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Baytime Phone #

(904) 443 7003

CR2E034 (5/00)