2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000013419** May 15, 2000 8:00 am Secretary of State 1. Entity Name RICHARDS GOLF CO. 05-15-2000 90169 005 ***150.00 Principal Place of Business Mailing Address 2502 OAK LANDING DRIVE 725 WEST LUMSDEN ROAD BRANDON FL 33511 BRANDON FL 33511-7620 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3125398 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARDS, J. L. J Street Address (P.O. Box Number is Not Acceptable) 2502 OAK LANDING DR BRANDON FL 33511 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition TITLE ☐ Delete TITLE RICHARDS, J. L. J NAME NAME^{*} STREET ADDRESS STREET ADDRESS 2502 OAK LANDING DRD CITY-ST-ZIP CITY-ST-2IP BRANDON FL 33511 Change ☐ Addition VSD-TITLE ☐ Delete TITL F I RICHARDS, STEVEN M NAME NAME STREET ADDRESS STREET ADDRESS 2502 OAK LANDING DRIVE CITY-ST-ZIP CITY-ST-7IP BRANDON FL 33511-7620 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS 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:

SIGNATURE: