

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020761

1. Entity Name

GREEN GRASS GOLF, INC.

R

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90070 040 ***150.00

Principal Place of Business

6613 STATE ROAD 54
NEW PORT RICHEY FL 34653

Mailing Address

6613 STATE ROAD 54
NEW PORT RICHEY FL 34653-6014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3455266

Applied For
Not Applicable

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

~~O'CONNOR, PATRICK M ESQ~~ Kenneth Mauro
~~2240 BELLAIR ROAD~~ 10620 Alico Pass
~~SUITE 100~~ New Port Richey, FL.
~~CLEARWATER FL 33764~~ 34655

Name Kenneth Mauro
Street Address (P.O. Box Number is Not Acceptable)
10620 Alico Pass
New Port Richey
City FL Zip Code 34655

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, STEVEN Kenneth Mauro 1314 SEVEN SPRINGS BLVD 10620 Alico Pass NEW PORT RICHEY FL 34624 New Port Richey, FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PITTS, STEVEN Kenneth Mauro COPELAND DRIVE 1081 TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PITTS, STEVEN Kenneth Mauro COPELAND DRIVE 1081 TARPON SPRING FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PITTS, CAROL Kenneth Mauro COPELAND DRIVE 1081 TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00 727 843 9086

CR2E034 (9/99)