

FILED

Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90548 045 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020761

1. Entity Name

GREEN GRASS GOLF, INC.

Principal Place of Business

8813 STATE ROAD 94
NEW PORT RICHEY FL 34653

Mailing Address

8813 STATE ROAD 94
NEW PORT RICHEY FL 34653

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

50-3455206

Applied For
Not Applicable

5. Certificate of Status Desired

☐\$5.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAURO, KENNETH
10820 ALICO PASS
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐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
VPFB
MAURO, KENNETH
10820 ALICO PASS
NEW PORT RICHEY FL 34653 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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 #

6-28-02

727-843-9086

Client Copy
Attachment
R# P9700520761

June 24, 2002

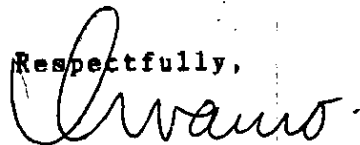
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Gentlemen/Ladies:

Attached is our 2002 Uniform Business Report together with my check for \$150.00.

Only today did I discover that this report has not been timely filed owing to confusion as to who was meant to prepare the filing, i.e. my write-up accountant or my tax accountant. Each thought the other was to prepare the report and in the end, the report was not filed. For this reason and because this is a small struggling business, we respectfully request that the \$400.00 penalty for late filing be waived. We would be so appreciative if you would honor this request, Please.

Respectfully,



Ken Mauro