

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91572 041 \*\*\*150.00

DOCUMENT # **097000034049**

1. Entity Name

**K.I.S.S. Golf for Women, Inc.** ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

**K.I.S.S. Golf for Women, Inc.**

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**240 Stonegate Court**

City & State

City & State

**Naples, FL**

4. FEI Number

**59-3440489**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34119**

**U.S.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**Arlene F. Austin, P.A.**

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

**5811 Pelican Bay Boulevard**

**Suite 201**

City

**Naples**

**FL**

Zip Code  
**34108**

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

*[Handwritten Signature]*

**04/25/01**

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, 2001 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	<b>Ms. Lorie J. McCabe P/D</b> <input type="checkbox"/> Delete <b>240 Stonegate Court</b> <b>Naples, FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete

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:

*Lorie McCabe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/01 9413542414**

Date Daytime Phone #

CR2E034 (11/00)