

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90132 025 ***150.00

DOCUMENT # P97000050419



1. Entity Name
GREENFLOWER GOLF & ASSOCIATES, INC.

Principal Place of Business
**14049 WILLOW GREEN CT
#242
PORT CHARLOTTE FL 33953**

Mailing Address
**14049 WILLOW GREEN CT
#242
PORT CHARLOTTE FL 33953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.
**Douglas Reed
554 Cypress Way E
Naples FL 34108**

Suite, Apt., etc.
**Douglas Reed
554 Cypress Way E
Naples FL 34108**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0759335**

Applied For
☐ Not Applicable

Zip Country

Zip Country

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

**REED, DOUGLAS J
6650 HUNTINGTON LAKES CIRCLE
201
NAPLES FL 34119**

Name

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

**Douglas Reed
554 Cypress Way E
Naples FL 34108**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **REED, DOUGLAS J**
STREET ADDRESS **6650 HUNTINGTON LAKES CIRCLE #201**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Douglas Reed**
STREET ADDRESS **554 Cypress Way E**
CITY-ST-ZIP **Naples FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)